

MEDICAL RELEASE FORM

RELEASE: Acting as the parent (or legal guardian) and in addition on behalf of said minor, I hereby grant permission for this minor to participate in all activities associated with this basketball program. I assume all risks, hazards, and costs incidental to such participation, including transportation to and from these activities and, acting in the aforesaid capacity, hereby release and waive all claims against The Junior League of Columbus, The Valerie Still Foundation, and collectively their agents, employees, and volunteers. I understand that this "association" does not provide accidental injury insurance coverage and that I am completely responsible for any expenses related to injury of the minor while participating in this program. Further, I hereby give The Junior League of Columbus and The Valerie Still Foundation permission to render such medical and hospital care as, in their judgment, may seem advisable for my child in the event of injury, illness or accident. I grant these same persons permission to obtain specialists, and I agree to bear the full costs of such procedures. If there is more than one parent or legal guardian, I certify that the other parent or legal guardian consents and agrees to the foregoing.

PUBLICITY: Acting as the parent (or legal guardian) and in addition on behalf of said minor, I hereby agree and acknowledge that any photo taken of said minor by the program sponsors during the basketball program may be used for publication and/or promotion of the HOOPS! program.

Signature: _____

Date: _____

Please detach and return this registration form with a \$10.00 check made payable to The Junior League of Columbus:

HOOPS! 2010
Junior League of Columbus
583 Franklin Avenue
Columbus, Ohio 43215 or fax to 614.464.2718
jlchoops@gmail.com
DEADLINE: March 30, 2010

The Junior League of Columbus

The Junior league of Columbus, Inc. is an organization of women committed to promoting voluntarism, developing the potential of women, and improving communities through the effective action and leadership of trained volunteers. Its purpose is exclusively educational and charitable.



The Valerie Still Foundation

The Valerie Still Foundation was developed by Valerie Still to help young girls grow into balanced, confident women. The foundation works to ensure that girls are encouraged and instructed to develop their natural talents.



Valerie Still

The all-time leader scorer (male or female) at the University of Kentucky, Valerie Still is a 12-year veteran player and an 8-time All-Star in Italy. Still is an experienced television actress in Italy; a successful international print model; charter member of the American Basketball League; player for the two-time World Champion Columbus Quest Women's Basketball team; professional caliber jazz, pop, and concert pianist; recorded vocal artist and member of the National 2006 Society of Arts and Letters.

www.jlcolumbus.org



**Middle School
Girls Basketball
Clinic and
Tournament**

Saturday, April 24, 2010

**8:30 a.m. - 5:00 p.m.
Schottenstein Auxiliary Gym
The Ohio State University**

**Entrance Fee: \$10.00
Registration Deadline: March 30**

**Sponsored by the
Junior League of Columbus
and the
Valerie Still Foundation**

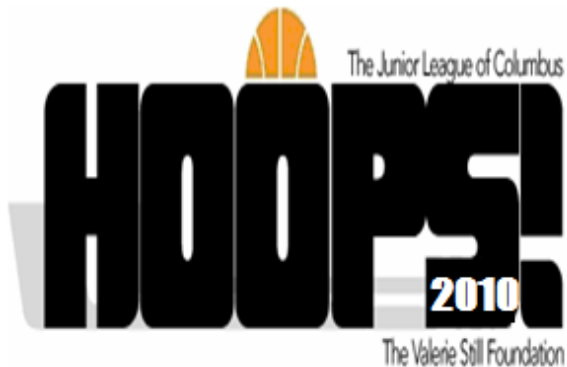


www.jlcolumbus.org



HOOPS! 2010

HOOPS! is a basketball clinic and tournament for middle school girls sponsored by the Junior League of Columbus and the Valerie Still Foundation. The day focuses on promoting self-esteem, leadership, and teamwork skills through sports and supportive adult interaction and mentorship.



SCHEDULE

8:30 a.m. Registration
9:00 a.m. Skill Building Clinic
11:30 a.m. Lunch, All Star Game and Speakers
1:00 p.m. Tournament

*Lunch will be provided



OPEN TO THE FIRST 100 GIRLS

Registration forms due by
March 30, 2010
REGISTER NOW!

Confirmation and directions
will be sent in mid-April.

ENTRANCE FEE: \$10.00 (\$8.00 by March 1)

SCHOLARSHIPS AVAILABLE: For more information, please contact Lauren Seckel at jlchoops@gmail.com or (614) 464-2717

www.jlcolumbus.org

REGISTRATION

Name: _____

Age: _____ Height: _____

Address: _____

City: _____ Zip: _____

Phone: _____

Email: _____

School: _____

Grade: _____ Position Played: _____

T-Shirt Size (circle one): S M L XL 2XL

Parent/Contact: _____

Parent/Contact Phone: _____

Name of Hospital/Health Insurance Policy: _____

Policy #: _____

Please list any relevant medical conditions:

Basketball league played for the past two years:

Team Name: _____

Place Finished: _____ Year: _____

For Office Use Only:

Date Received: _____ Date Processed: _____

Over