

Peekskill's SEPTO Presents

BASKETBALL!!



2 DAY BASKETBALL CLINIC

This clinic is open to 4th -12th grade students receiving Special education services within the Peekskill city school district

May 9th & 16th 12:00pm -1:30 pm at Peekskill High School

Player's name _____ DOB _____

School Name _____ Primary Diagnosis _____

Parents Name _____ email _____ Tel# _____

Tell us about your child _____

There will be a \$10 fee due on May 9th. Please mail registration form back to:

Administration Building
1031 Elm Street, Peekskill NY 10566
Att: Special Education

I, the parent/guardian of the registered participant, a minor, agree that I and the participant will abide by the rules and regulations of the Peekskill SEPTO program. In consideration of the participant's participation in the program, intending to be legally bound, hereby waive release discharge indemnify and hold harmless the Peekskill SEPTO, the owners and operators of the facilities used for the programs, and each of their respective directors, officers, employees, agents, and representatives from and against all claims, liabilities, damages, or causes of action arising out of or in connection with the participant's participation in the programs. I further grant the Peekskill SEPTO the right to use the participant's name, picture, and or likeness in printed, broadcast and other material the programs provided such use is related to the participant's status as a participant in the program

Parent signature _____

Space is limited. . Flyers must be returned by May 4th 2015 *Child must be accompanied by an adult the entire time

Peekskill's SEPTO Present's

BALONCESTO!!



Esta clínica está abierta a estudiantes de grado 4th al 12 que reciben servicios de educación especial en el distrito escolar de la ciudad de Peekskill
09 de mayo y 16 de 12:00 -1: 30 pm en la Escuela Secundaria Peekskill

Nombre del niño _____ Fecha de Nacimiento _____

Escuela _____ Diagnostico Primario _____

Padres _____ email _____ Tel# _____

Cuentanos sobre tu hijo _____

Costo: \$10 page May 9th. Porfavor envíe esta registracion a:
Administration Building
1031 Elm Street, Peekskill NY 10566
At: Special Education

Yo, el padre/tutor de el participante, un menor, concuerdo que yo y el participante mantendremos las reglas y regulaciones del program de Peekskill SEPTO. En consideracion de la participacion del participante en el programa, por este medio liberamos a Peekskill SEPTO y los coordinadores y dueños de las facilidades usada para el programa, sus respectivos directores, oficiales, empleados, agentes y representates de y en contra de reclamaciones, daños o causas de calquiera accion que salga en coneccion con la participacion del participante en el programa. Tambien le doy el derecho a Peekskill SEPTO usar el nombre, foto en sus boletines y otro material de programas proveidos para niños con necesidades especiales. ****Niños deben ser acompañados por un adulto todo el tiempo****

Firma de padre/tutor _____

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