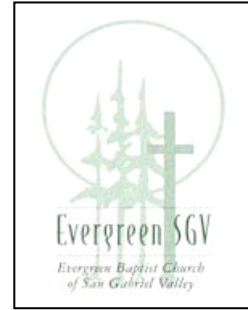


EVERGREEN PEE WEE BASKETBALL



March 15, 2010

DEAR PEE WEE PARTICIPANT AND PARENT(S):

Evergreen Baptist Church is sponsoring an annual basketball clinic designed especially for young girls and boys born from September 1, 2003, through December 2, 2005. Our intention for this clinic is to provide instruction of basic fundamental basketball skills for beginning learners. Our goal is to make this a fun learning experience for all participants. In the past, this clinic has allowed us to organize players for future Evergreen basketball teams.

The clinic is scheduled to begin on Saturday, June 5, 2010. We will run four (4) Saturday instructional sessions through June 26, 2010 at Elder Park Gym in Monterey Park. The clinic will be from 9:00 - 11 am. We require that at least one parent or guardian remain with the child during the clinic for emergency purposes.

To register complete and return the following:

1. **Registration/Parent Consent Form (see attached page)**
2. **Check for \$40 per child payable to EBCSGV**

Return completed forms and check to:

Bonnie Wong
1027 Rose Glen Avenue
Rosemead, CA 91770

Registration Deadline: **Sunday, May 2, 2009** (registration form and monies must be received by this date). Enrollment is limited so please register early. The first 32 participants to register will receive a basketball and a t-shirt.

If you have any questions regarding the Evergreen Pee Wee Clinic registration, please contact:

Bonnie Wong; Registrar	(wongs6@aol.com)	(626) 288-0287
Janet Chew; Coordinator	(jwchews@yahoo.com)	(626) 836-9242

Thank you for your support and participation.

Please indicate dates that you will not be able to participate _____

** A \$10.00 processing fees will be assessed for cancellation after May 2, 2010.

Pee Wee Clinic Location: Elder Park Gym; 1950 Wilcox Avenue; Monterey Park, CA 91755. Gym is located one block east of the intersection of Garfield Avenue and Elmwood Street (north of the 60 freeway).

REGISTRATION/PARENT CONSENT FORM

PLAYER'S NAME: _____ GENDER: ___ AGE: ___ DOB: _____

ADDRESS _____ CITY _____ ZIP _____

PARENT OR GUARDIAN _____

HOME PHONE _____ BUSINESS PHONE _____

CELL NUMBER _____ PLAYER'S SHIRT SIZE _____

E-MAIL ADDRESS _____

Do you attend a Church? Circle one: Y or N

Church Attendance or Affiliation _____

How did you find out about the Clinic? _____

IF THE ABOVE CANNOT BE REACHED IN CASE OF EMERGENCY, PLEASE NOTIFY:

NAME _____ RELATIONSHIP _____

ADDRESS _____ PHONE _____

FAMILY PHYSICIAN _____ PHONE _____

ADDRESS _____

DATE OF LAST TETANUS SHOT _____

MEDICAL INSURANCE NAME & NUMBER _____

PLEASE NOTE ANY SPECIAL MEDICAL PROBLEMS _____

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CONSENT TO TREAT:

I (We), the undersigned, parent(s) of _____ minor, do hereby authorize the Evergreen Leaders or Coaches IN CHARGE as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medical Practice Act on the medical staff of any accredited hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable.

This authorization is given pursuant to the provision of Section 25.8 of the Civil Code of California. This authorization shall remain effective until August 31, 2009 unless revoked in writing delivered to said agent(s).

DATED _____

FATHER _____ MOTHER _____

Return this form with the payment.