

2020

# Summer Camp

## Complete Skills & Fundamentals Co-ed: ages 8-14

Learn the philosophy of Sacramento Skills Academy while applying fundamentals to every aspect of your game. Players of all levels will improve both individual and team skills. We place daily emphasis on the fundamentals of basketball through skill development and performance enhancement training. Each player will be exposed to high level coaching that will better prepare them to realize their potential.

### **Traditional skill development**

Corrective Exercise and Tactical Development  
Offensive and Defensive Concepts  
Skill Development & Position Breakdown

[www.sacskills.com](http://www.sacskills.com)

**July 20-22 Folsom  
9am-4pm**

Camp Directed by  
Danielle Viglione, former player  
University of Texas and former  
professional player in U.S. and  
Europe

Aaron Perry "AP", former player  
at Sacramento State University  
and former player in Kuwait and  
the ABA



Camp Directed by  
Sam Luong, former player at  
Dominican University, and  
former professional player in  
Europe

*(See Reverse Side for Registration)*

Send application and check to:

**Attn. Danielle Viglione - 24-Hour Fitness, 1006 Riley Street, Folsom, CA 95630**

Participant Name \_\_\_\_\_

Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Gender (circle one) M F

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Birthdate: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Grade: \_\_\_\_\_

Shirt Size (circle one) AS AM AL AXL AXXL

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

E-Mail:  (check box to receive mail)

Are you on a school team? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, which school: \_\_\_\_\_ What level: \_\_\_\_\_

Are you playing / have played on an AAU team? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what team: \_\_\_\_\_

Do you have any medical conditions which will affect your ability to participate in teh SSA basketball program?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what is it: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Participants' Physician: Phone: \_\_\_\_\_

I want to attend the following SSA Summer Camp:

July 20 - 22 1006 Riley St., Folsom, CA \$200

**Payment method:** cash or check only

Check No: \_\_\_\_\_ Make checks payable to: **Sac Skills Academy.**

Send application and check to: **Attn. Danielle Viglione - 24-Hour Fitness, 1006 Riley Street, Folsom, CA 95630.**

**For more information: [www.sacskills.com](http://www.sacskills.com)**

**Release of liability /assumption of risk / indemnity** Participation in the SSA program and use of 24 Hour Fitness premises, services equipment and facilities involves the risk of injury to you and your child, whether you or someone else causes it. Specific risks range in severity from minor injuries to major injuries such as catastrophic injuries including death. In consideration of you and/or your child's participation in activities or program offered by 24 Hour Fitness, you understand and voluntarily accept this risk and agree that 24 Hour Fitness, its officers, directors, employees, volunteers, agents, property owners, and managers and independent contractors. 24 Hour Fitness will not be liable for any injury, without limitation, personal, bodily or mental injury, economic loss or any damage to your or your minor child resulting from negligence from 24 Hour Fitness or anyone on 24 Hour Fitness' behalf or anyone else whether related to participation in the SSA program or not. You understand and acknowledge that 24 Hour Fitness is providing recreational services and may not be held liable for defective products. You understand that you and/or your child(ren) may be photographed, videotaped, or otherwise recorded and you agree on behalf of yourself and/or your child(ren) that 24 Hour Fitness may use you and/or your child(ren)'s name and likeness (in any form without regard to distortions of character, form or color or any other alteration) in photographs, videotapes, audiotapes, and other media, without any additional consideration to you and/or your child(ren) or to any third party.

By signing below, you agree to the terms of this Release of Liability and Assumption of Risk on behalf of yourself and your minor child. You also represent that you are the parent or legal guardian of the program participant. You also agree to defend and indemnify 24 Hour fitness from and against any claims, demands, causes of actions or law suits brought by the child or on his or her behalf for injuries or other damages whether or not caused by the negligence or other conduct of 24 Hour Fitness.

Parent/Guardian Signature \_\_\_\_\_

**SSA**