

Christine Wolff, Principal



Jill Briscoe, Assistant Principal
Shalonda Brooks, Assistant Principal
Victoria Hammond, Assistant Principal

Dr. John Long Middle School

2025 Mansfield Boulevard • Wesley Chapel, Florida 33543
(813) 346-6200

SUMMER BASKETBALL CAMP

WHO: Entering 6th, 7th or 8th grade 24/25 school year

WHEN: Monday, July 22nd – Thursday, July 25th from 8:30am – 12:30pm

Come out to learn a variety of skills, including passing, dribbling, rebounding, shooting and defense. Have fun playing games and contests!

Student Name: _____

Grade: _____ Student Number: _____

Parent Name (please print): _____

Home phone number: _____

For more information: Coach Barrios abarrios@pasco.k12.fl.us (813) 346-6280

****6th & 7th Grade returning students can pay in the My Student Parent Portal -Pay student fees. Forms still must be turned in to school.**

Incoming students may register in person at the front office.

****PLEASE MAKE \$70 CHECK PAYMENT PAYABLE TO: JLMS**

****REGISTRATION DEADLINE IS FRIDAY, JULY 5, 2024.**

I _____ give permission for my child to participate in the JLMS Summer Basketball Camp. My child has received a physician's clearance to participate in physical activities such as this, and I agree to provide transportation if we live outside of the school's walking radius.

***Refunds will not be given for ILLNESS and NO SHOWS past the deadline date.**

PARENT SIGNATURE: _____ Date: _____



GENERAL ATHLETICS - RELEASE OF LIABILITY

FEE BASED CAMPS

****READ BEFORE SIGNING****

In consideration of being allowed to participate in any way in PASCO COUNTY SCHOOLS athletic sports program events, related events, summer camps, or other activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS, Pasco County Schools, their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

_____ DATE SIGNED: _____
(Participant's Signature)

_____ Phone: _____
(Emergency Contact & Relation)

FOR MINORS UNDER AGE 18 AT THE TIME OF PARTICIPATION:

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releases, and for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releases from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

_____ DATE SIGNED: _____
(Parent/Guardian Signature)
Emergency Phone Number: (_____) _____