

THE CHRISTIAN OKOYE FOUNDATION
AND THE
CITY OF CLAREMONT



PRESENT:

***** **FREE!!! TO ALL CHILDREN AGES 6 TO 14**

Invited Celebrities:

Welcome to Okoye Sports Clinic event at Griffith Park practice field. This event is open to all kids. Current and former pro football players will help with coaching and motivational speeches.



Date:

Wednesday, August 19, 2009

Venue:

Griffith Park, 1800 Woodbend Drive, Claremont, CA

Ages:

6 to 14 years of age

Attire:

Tennis shoes, shorts and t-shirt

Time:

5:30 p.m. to 7:30 p.m.

Registration Starts:

5:00 p.m.

Entry Fee:

Free admission!!!

Activities:

Free Food and drinks!!! Free Gifts!!! Free autographs!!!



**REGISTRATION INFORMATION AND WAIVERS ON BACK OF FORM MUST BE
COMPLETED TO PARTICIPATE**

Parents Both Registration Forms and Waivers below must be completed and returned to the Alexander Hughes Community Center prior to the event to allow your child to participate.



Human Services Department

Okoye Sports Youth Football Clinic

Hosted By The City of Claremont Human Services Department and Christian Okoye Foundation

REGISTRATION (please print)

PARTICIPANT NAME _____ SEX _____

BIRTHDATE _____ AGE _____ SCHOOL _____ GRADE _____

PARENT or LEGAL GUARDIAN _____

ADDRESS _____ CITY _____ ZIP _____

PHONE CONTACT INFORMATION: DAY _____ EVENING _____ CELL _____

EMAIL ADDRESS: _____

MEDICAL FACILITY/PHYSICIAN _____

CITY _____ PHONE _____

ALLERGIES/MEDICAL CONDITIONS _____

NAME OF MEDICAL INSURANCE _____

I, the undersigned, in consideration of being allowed to participate in this activity, and intending to be legally bound for myself, my heirs, executor and administrators, do hereby release and discharge the City of Claremont and their respective officers, directors, employees, volunteers, partners and contractors, jointly and severally, from any and all liability from personal injury, accident, illness, death, property damage or other occurrence which I may suffer in any manner whatsoever arising out of or resulting from my participation in the above mentioned program/class(es), and I expressly assume ALL risks of my participation in this activity, including, without limitation, injury as a result of the acts of omission of the above parties or some defect in or on their property of any of them, whether caused by negligence of otherwise, except for illness and injury resulting directly from solely gross negligence of willful misconduct on the part of the City or its employees and I agree to indemnify, save, hold harmless and defend each and every of the above parties of and from any and all loss, damages, expenses, costs, and attorney's fees arising out of or resulting from my participation in this activity. I am participating at my own risk. I certify that I have read and understand this waiver and release. Participants involved in the City of Claremont Human Services programs/classes may be photographed and such photographs may be used to publicize City programs/classes without compensation and without further permission.

EMERGENCY RELEASE

I hereby authorize Claremont Human Services to call an emergency ambulance in case of accident or acute illness and to arrange for necessary emergency medical or surgical care in case I am not immediately available. It is also understood that a conscientious effort will be made to notify me or the person designated before such action will be taken. I also agree to accept responsibility for the cost of the above medical services.

Please Sign:

SIGNATURE OF Parent/ Legal Guardian _____ **Date** _____

Claremont Human Services- Enriching Our Community
1700 Danbury Road, Claremont, CA 91711(909) 399-5490.

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Christian Okoye Foundation Registration Form

I hereby certify that my child has been examined by a physician and found to have no medical or emotional problem which may affect his ability to safely participate in the Christian Okoye Foundation Sports Clinics. I hereby authorize the camp staff to attend to any health problem or injury my child may incur while attending the clinics. I hereby release the Christian Okoye Foundation, its staff, sponsors and any one associated with these clinics from any liabilities and claims resulting from damages caused by injury or illness sustained at the sports clinics.

Childs Name:		Phone:	
Parents Name:		Childs age:	
Address:	City:	State:	Zip:
Signature:		E-Mail:	

Christian Okoye Foundation * P O Box 1323, Alta Loma, CA 91701

Phone: 909 481 3541 Fax: 909 481 3544 * Website: www.okoyefoundation.org