

Iditarod Basketball Clinic



Nome Eskimo Community(NEC) and Frontier Flying Service in coordination with the Nome Elementary School are proud to sponsor the Challenge Life Iditarod Basketball Clinic for Nome and the surrounding village youth.

The clinic will be held at the Nome Elementary School gymnasium on March 12-14. The clinic will be available for individuals in grades 3rd – 12th.

Camp directors will be Mike Hajdukovich co-founder of the Challenge Life Youth Foundation, and Al Sokaitis.

Travelers coming from the villages are responsible for their own supervision, travel & lodging.

**There are *NO* registration costs for the Iditarod Basketball Clinic.
Registration forms need to be returned to Nome Eskimo Community by the
Deadline Friday, March 9th.
Early registration is strongly encouraged!**

Nome Eskimo Community Tribal Youth Department
PO Box 1090/ Fax: 907-443-9144
Nome, AK 99762

CLINIC SCHEDULE

The basketball clinic daily schedule will be posted/announced at both the Jr./Sr. High School and Elementary School at least a week prior. If you have any questions regarding the schedule please contact NEC.

Thank you.

For more information contact Lena Iyatunguk @ 443-2246

Iditarod Basketball Clinic Participant Registration Form

Athlete's Name (first, last): _____ Age: _____ DOB: ____/____/____

Grade: _____ Gender: Male Female

PO Box: _____ City/state: _____ Zip: _____

Parent/Guardian Name: _____ Relationship: _____

Parent/Guardian Contact Phone Number: _____ or _____

Pre-Existing Conditions: _____

Allergies (Medicines or Food): _____

Emergency Contact (Other than parents): _____

Emergency Contact Phone Number: _____ or _____

What position do you play? _____

Adult T Shirt Size: **Small** **Medium** **Large**

Race: Alaska Native African American Asian/Pacific Islander Caucasian
 Hispanic American Indian Other: _____

NEC Tribal Member? Yes No If not, where are you enrolled? _____

1. I, the undersigned parent/guardian of the individual named above, a minor, do hereby agree to allow the individual named herein to participate in the aforementioned activity and authorize and appoint the program directors and/or instructors as Attorneys in Fact and agents for the undersigned to consent to medical, surgical and/or dental examinations, in addition to any and all other treatments that may be deemed necessary by medical personnel. It is understood that participation involves an element of risk and danger of accidents. Knowing those risks, I hereby assume those risks. In addition, I understand that by signing this agreement, I hereby release and discharge Triple Threat Hoop Camps from any and all liability resulting in injury associated with the camper's participation in this activity. I understand it is my responsibility to inform camp personnel of any medical conditions, allergies, food restrictions or any other special needs my son/daughter may have. In the absence of a parent/guardian's signature below, payment of fees and participation in the program shall constitute acceptance of the conditions set forth in this release.

2. I give Triple Threat Hoop Camp and Nome Eskimo Community full permission to use my child's photo in future promotional brochures, posters, websites, and/or NEC photo albums.

3. I give Triple Threat Hoop Camps full permission to transport the camper to other facilities as needed.

4. I have read and understand all four points above.

_____ Initial here if you do not want your child to receive over the counter medications while at the basketball clinic (i.e. Tylenol, Advil, etc...)

**** If you are 18 years of age or older you *don't* need a parent/guardian signature ****

Parent/Guardian Signature

Date

For more information contact Lena Iyatunguk @ 443-2246