

Signature of Participant or Parent/Guardian (if minor child): _____ Date: _____

I hereby assert that I fully understand and agree to these waivers and agreements.

(4) I allow the likeness or picture of me/my child to appear in any official documentary, sponsor advertisement or television coverage, whatsoever, of this capacity in any manner incidental to participation in this event/program without compensation to me, my heirs, executors, agents and/or administrators.

(3) I hereby represent that the above participant is in good physical condition and has no disease or injury that would keep the participant from taking part in the activity(s) and I accept responsibility that I and/or my son, daughter or ward, is physically able to participate in the above activity(ies).

(2) In consideration of the entry of me/my child into the Parks and Recreation activity(s), I, intending to be legally bound, do hereby for myself, my heirs, executors, and administrators, do hereby waive, release and forever discharge the LFUCG from any and all claims, demands, damages, or injuries or causes of action whatsoever which may arise as a result of or in connection with, association or entry into in and/or arising out of, traveling to or from, and participation in the activity(s), and I hereby agree to hold the LFUCG harmless for any injury or damages or claims to person or property resulting from the above-mentioned participation.

(1) I understand and agree that I or my child hereby voluntarily assumes any risk of injury that may arise out of my/his or her participation in the above activity(s) and that the LFUCG assumes no responsibility whatsoever for any injury or damages which may result to me or my child from participation in a Parks and Recreation activity(s).

WAIVER AND RELEASE AGREEMENT:

Signature of Parent/Guardian: _____ Date: _____

WALKER RELEASE: My child is a walker and has permission to walk to and from the Division of Parks and Recreation camp or bus stop.

Signature of Participant or Parent/Guardian (if minor child): _____ Date: _____

I understand that I am responsible for any costs incurred due to injuries received in participating in the above activity(s) covering medical and dental expenses. I further accept responsibility that I and/or my son, daughter or ward, is physically able to participate in the above activity(s).

MEDICAL CONSENT AND RELEASE: I hereby authorize the Lexington-Fayette Urban County Government (its agents, employees, representatives, elected or appointed officials or designees and the agents or employees of its Division of Parks and Recreation, collectively referred to as "LFUCG"), to act for me according to their best judgment in an emergency requiring medical attention for me or my son, daughter, or ward and/or to treat me/my child for any injury/illness that I/he/she sustains during participation in any designated Parks and Recreation activity. I authorize admission to any hospital designated by LFUCG, if advance care (x-rays, tests, etc) is required. It is understood that every reasonable attempt will be made to notify the parent/guardian/named emergency contact of the participant in or to grant any additional authorization for any surgical procedure. Also, I waive and release the LFUCG from any and all liability for any injuries or illnesses incurred while participating in the above activity(s).

THIS SECTION MUST BE COMPLETED AND SIGNED FOR PARTICIPATION

Sanford Roach Basketball and Cheerleading Clinic | 545 North Upper Street | Lexington, Kentucky 40508

LEXINGTON
Parks & Recreation



**Sanford Roach Basketball
and
Cheerleading Clinic**



Sanford Roach Basketball and Cheerleading Clinic



- Session 1 (Co-Ed Basketball): 9 am-12 pm / July 22 - 26 (Ages 11 - 16)**
- Session 2 (Co-Ed Basketball): 1-4 pm / July 22 - 26 (Ages 11 - 16)**
- Session 3 (Cheerleading): 9 am-12 pm / July 29 - Aug. 2 (Ages 7 - 14)**
- Session 4 (Co-Ed Basketball): 1-4 pm / July 29 - Aug. 2 (Ages 6 - 10)**

T-SHIRTS WILL BE GIVEN TO THE FIRST 150 YOUTH WHO REGISTER FOR CAMP!

Sanford Roach Basketball and Cheerleading Clinics

Please enroll me in the camp for the sessions checked. **This application must be completed in full.** All information will be kept confidential. Please mail application form no later than **July 7, 2024** to:
Sanford Roach Basketball & Cheerleading Clinic
545 North Upper Street
Lexington, KY 40508

**APPLICATION
FOR OFFICE USE ONLY**

DATE: _____

SESSION: _____

- Session 1 (Co-Ed Basketball): 9 am -12 pm / July 22 - 26 (Ages 11 - 16)
- Session 2 (Co-Ed Basketball): 1pm - 4 pm / July 22 - 26 (Ages 11 - 16)
- Session 3 (Cheerleading): 9 am -12 pm / July 29 - Aug. 2 (Ages 7 - 14)
- Session 4 (Co-Ed Basketball): 1pm - 4 pm / July 29 - Aug. 2 (Ages 6 - 10)

Can your child leave the premises at lunch time? (Ages 11-16)

YES NO

The basketball clinic is open to youth ages 6-16 and the cheerleading clinic is open to those youth ages 7-14. All sessions will be held Monday through Friday at the Dunbar Community Center, 545 North Upper Street. (859) 288-2955

Lunches could be provided. You need to bring your snack/ lunch with you

PLEASE PRINT

Name _____ Age _____ Shirt Size _____

Address _____

City _____ State _____ ZIP _____

Grade (as of 9/2024) _____ School _____ Birthdate _____ Sex _____ Height _____ Weight _____

Name of Parent/Guardian _____ Place of Employment _____

Address of Parent/Guardian _____ Phone _____ / _____

Street City State ZIP

E-mail Address _____

EMERGENCY CONTACT AND CHILD RELEASE AUTHORIZATION

(IF PARENT/GUARDIAN LISTED ABOVE CANNOT BE REACHED-MUST PROVIDE AT LEAST ONE CONTACT)

Name _____ Relationship to Child _____ Phone _____

Name _____ Relationship to Child _____ Phone _____

Name _____ Relationship to Child _____ Phone _____

Note: We cannot release your child to anyone other than the parent(s)/guardian(s) named above or the persons listed on this form. Individuals should be prepared to show identification.

MEDICAL INFORMATION

List any medical/physical limitations/precautions (food/insect/environmental allergies, frequent exhaustion, recent surgery, accidents etc.): _____

List any medications the child will take during camp time: _____

If medication is to be given at camp, please provide the following information: _____

(Dosage and time to be given must be marked on the original medicine container sent to camp.)

Name of Medication	Dose (# pills, etc.)	Exact time given
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Our camps do not provide medical/health insurance. Campers are strongly encouraged to have their own insurance.

WELCOME TO THE SANFORD ROACH BASKETBALL AND CHEERLEADING CLINIC!

I would like to take this opportunity to welcome you to the Sanford Roach Basketball and Cheerleading Clinic. These clinics are designed to introduce basketball and cheerleading fundamentals, as well as instill a sense of teamwork and develop sportsmanship in youth ages 6-16. The organized activities within these clinics will be coordinated by Donna Wilson (Retired Head Cheerleading Coach at Henry Clay High School) and Roy Booker (Youth Service Coordinator at Crawford Middle School).

As a former teacher and coach at Dunbar High School, S. T. Roach recognized the benefits that athletics offered to the development and self-esteem of youth. He became concerned about the availability of summer basketball and cheerleading clinics to all members of the community. This concern motivated him to initiate a program that would offer a solution to this need.

THESE CLINICS ARE FREE TO ALL PARTICIPANTS!

It is our hope that you will enjoy your time with us.

Jacquelyn French
Recreation Manager
Division of Parks and Recreation
(859)288-2955

How you can help the Clinics

The Sanford Roach Basketball and Cheerleading Clinic is the new name for the S.T. Roach Basketball and Cheerleading Clinic. If you would like to make a donation to the clinic please make any checks to: Sanford Roach Basketball and Cheerleading Clinic. All donations are used specifically for the clinic. Thanks for your support.

Sanford T. Roach

S. T. Roach, now deceased, served as a Teacher and Coach at Bates High School in Danville and Dunbar High School in Lexington for 25 years. During his 25 years as a Basketball Coach, he compiled a record of 610 wins, 167 losses, won the KHSAL State Title in 1948 and 1950 and took Dunbar to the Sweet Sixteen six times. Coach Roach was a member of the KHSAA. He was inducted into the KSU Kentucky Athletic Hall of Fame, Kentucky Athletic Hall of Fame and National Athletic Hall of Fame. He was a retired Principal, School Administrator and a Former Assistant to several Mayors of Lexington.