

# Lady ice/ icemen holiday basketball camp

Boys and Girls in 1st through 8th grade  
Dec 26-29 @ Vista Murrieta High School  
Cost: \$60

Two Sessions:   Ages 6-11 9am-11am  
                          Ages 12-14 11am-1pm

Current/Former High School/College Coaches give instruction.  
Every participant gets a T-shirt, an evaluation, and an AND1 Giveaway!  
Drills/Skill Building/Games every day.

Registration Forms on line at [www.icemenbasketball.com](http://www.icemenbasketball.com) (forms tab)

More information Call Todd Malecki @ 951-445-4376.

**Please fill out 3<sup>rd</sup> Party Authorization**

**Player Name:** \_\_\_\_\_

**Age:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

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

**Emergency Phone #:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

**T Shirt Size:**   **S    M    L    XL**  
                          (adult sizes, circle one)

**Mail Forms and Check (\$60) to:**

**Make check out to:**

**Todd Malecki**  
**26871 Valensole Court**  
**Murrieta, CA 92562**

**AUTHORIZATION FOR THIRD PARTY TO CONSENT TO TREATMENT OF  
A MINOR LACKING CAPACITY TO CONSENT**

(I) (We), the undersigned, parents (s)/person(s) having legal custody/guardianship of

\_\_\_\_\_  
(Player's Name)

minor, do hereby authorize

**Any Icemen Coach or Parent**

As agents(s) for the undersigned to consent to any X-Ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician or surgeon licensed under the provisions of the Medical Practice Act on the medical staff on any hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority to power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment, or hospital care, which a physician meeting the requirements of this authorization, may in the exercise of his/her best judgement, deem advisable.

This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California.

(I) (We) hereby authorize any hospital which has provided treatment to the above named minor pursuant to the provisions of Section 25.9 of the Civil Code of California to surrender physical custody of such minor to (my) (our) above named agents(s) upon the completion of treatment. This authorization is give pursuant to Section 1283 of the Health and Safety Code of California.

These authorizations shall remain effective until **September 31, 2008.** unless sooner revoked in writing and delivered to said agent(s).

Name: \_\_\_\_\_  
Parents(s)/Guardian's Name (PLEASE PRINT)

Relationship: Parent / Legal Guardian / Person having Legal Custody  
(circle one)

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Inland Empire Icemen Basketball Release Form

Team: *Icemen Practices, Clinics, or Games*

Phone #:

Player Name:

Birthdate:

I, the undersigned, consent to the above player participating in the Icemen Basketball Club. I agree to Indemnify Icemen aka Coach Todd Malecki, it's coaches, Murrieta Valley, Vista Murrieta High School, MVSD, or any other location where we participate, harmless against liability by reason of injury that the above player may incur as a participant in Icemen Basketball.

\_\_\_\_\_ Date: \_\_\_\_\_  
Parent or Legal Guardian Signature