



SUMMER BASKETBALL CLINICS PARTICIPATION WAIVER

Dates: Every Wednesday from June 14 – August 23 (except July 5)

Time: 6:00 – 8:00 pm

Location: Discovery Elementary School, Buffalo

Who: 3rd – 8th Grade Girls (2022-2023 school year)

These clinics will be offered free of charge. Students may attend when they are available, there is no expectation that students will attend a specific number of times or every week.

All students attending must complete the participation waiver prior to their first night of attendance. Students without a signed waiver will not be allowed to participate.

Student Name:	_____	Student Grade: (2022-2023 school year)	_____
Student Address:	_____		
Parent/Guardian Name:	_____	Parent/Guardian Phone:	_____
Parent/Guardian Name:	_____	Parent/Guardian Phone:	_____
Emergency Contact:	_____	Emergency Contact Phone:	_____

Waiver of Liability and Consent

As the parent or legal guardian of the child named as the student, I hereby give my approval for her participation in all activities of BGBK summer basketball clinics. I assume all risks and hazards incidental to such participation. I understand that BGBK does not provide medical insurance. I understand that my enrollment of this child confirms my decision that her physical condition and health is consistent and adequate for participation in basketball. I hereby waive and release any and all claims or actions I or my child may have arising out of any injury or harm to her resulting from or associated with her participation in BGBK activities, whether the result of negligence or any other cause, and agree that I will not pursue any such claim or action against the BGBK, its officers, directors, coaches, or any other adults who supervise or assist in the activities of the BGBK. In addition, I hereby give my consent for any first aid or medical treatment as deemed necessary or appropriate by trainers present at the summer basketball clinics, the coach, team manager or adult escort, in case of illness or injury incurred while participating in summer basketball clinics. I understand that BGBK, a assisting parent, a school representative, or trainer, may call 911 in case of injury perceived to be serious and that the responding medical team will determine further treatment or transportation. I understand that an effort will be made to notify me as soon as possible in case of injury or illness. I also understand I assume all liability for any injuries that may occur during any BGBK sponsored event (including summer basketball clinics) to any member of my immediate family, acquaintances, or other individuals under my supervision.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Printed Name: _____