

Ball 4Life

Dear Parent/Guardian,

Welcome to Bethlehem Christian Academy and **Ball 4Life's** Inaugural Summer Basketball Skills Clinic, and congratulations on the best decision you have ever made for your child. We are delighted to have your child as a participant in our character building basketball clinic and look forward to working with them.

Our clinic will be held at Ebenezer Baptist, located at 2570 Harbins Rd. Dacula, GA 30019. The boy's session is 9 – 11 a.m. and the girls will follow from 12-2 p.m. You will need to submit your payment along with the completed registration packet by June 1st to the school office. Please feel free to contact Coach Barth if you have any questions. The registration packet includes the following items:

- Registration Form
- Waiver and Release of Liability Form
- Emergency Medical Authorization Release Form

Again, welcome to **Ball 4Life**.

Sincerely,

Coach Blackwell

Enclosures (3)

Ball 4Life

REGISTRATION FORM

Basketball Event: Inaugural Summer Basketball Skills Clinic

T-Shirt Sizes (adult sizes) Please circle

1st Participant's Name _____ DOB _____ S M L XL

2nd Participant's Name _____ DOB _____ S M L XL

3rd Participant's Name _____ DOB _____ S M L XL

School/Grade _____

Parent/Guardian _____

Home Address _____

Home Phone _____ Cell Phone _____

Email _____

Please make checks payable to Trans4minglives LLC (Ball 4Life)

There is a **\$20 discount** for 2 or more per family. ****Payments are non-refundable.**

Your signature verifies that you have read and agree to the terms of this registration as stated above. Registration will not be accepted without your signature.

X _____ Date: _____

Please have registration packet completed by the deadline. Participation in the program is on a first come basis. Failure to do so will not ensure your place at the clinic.

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WAIVER AND RELEASE OF LIABILITY

In consideration of being allowed to participate in any way in the **Ball 4Life** athletic/sports program, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. Risk of injury from the activities involved in this program is possible, and while particular rules and personal discipline may reduce this risk, the risk of injury does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest coach immediately, and,
4. I, for myself and on the behalf of my heirs, assigns, personal representatives and the next of kin HEREBY RELEASE AND HOLD HARMLESS Ball 4Life, their officers, agents and/or employees, other participants sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.
5. **I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

X _____ DATE SIGNED: _____
(PARTICIPANT'S SIGNATURE)

FOR PARTICIPANTS OF MINORITY AGE
(UNDER AGE 18 AT TIME OF
REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above all the releasees, and for myself, my heir, assigns, and next of kin, I release and agree to indemnify the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE.

X _____ DATE SIGNED:

EMERGENCY PHONE NUMBER(S) _____

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EMERGENCY MEDICAL AUTHORIZATION

Purpose: To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured, when parents or guardians cannot be reached.

Student Name _____

Student Address _____

School _____

Phone _____ Date of Birth _____ Grade _____

Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted:

Mother's Name _____

Address if different from student _____

Work Phone: _____ Home Phone: _____

Father's Name _____

Address if different from student _____

Work Phone: _____ Home Phone: _____

Guardian's Name _____ Work Phone: _____

PART 1 - TO GRANT CONSENT

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for the (1) administration of any treatment deemed necessary by above named doctor or in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists concurring in the necessity for such surgery are obtained prior to the performance of such surgery.

Date _____ Signature of Parent/Guardian _____

PART 2 - TO REFUSE CONSENT

I do NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the program authorities to take NO action or to (Please write action requested below)

Date _____ Signature of Parent/Guardian _____