

Baldwin Boys Basketball Youth Clinic & Games
Child/Minor's Participation Release Form

Please print clearly.

Child's Name: _____

Current Grade _____

The Baldwin Basketball program is committed to conducting its activities in the safest manner possible and holds the safety of participants in the highest possible regard. Participants and parents registering their children in athletic activities must recognize however, that there is an inherent risk of injury when choosing to participate in athletic activities.

Waiver and Release of All Claims

Please read this form carefully and be aware that in registering your minor child/ward for participation in this clinic, you will be waiving and releasing all claims for injuries, you or your minor child/ward might sustain arising out of the clinic.

As the parent/guardian of the participant in the clinic, I understand the nature of athletic activities and the minor's experience and capabilities and believe the minor to be qualified, in good health, and in proper physical condition to participate in such activity.

I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries (including death), damages and losses which I or my minor child/ward may sustain as a result of participating in any and all activities connected with or associated with this clinic.

I agree to waive and relinquish all claims I or my minor child/ward may have, as a result of participating in this clinic, against Baldwin High School, the basketball program and coaches, and their agents, servants and employees from any medical claims resulting from injuries (including death), damages and losses sustained by me or my minor child/ward arising out of, connected with, or in any way associated with the activities of the clinic.

In the event of any emergency, I authorize the clinic officials to secure from any licensed hospital, physician, and/or medical personnel, any treatment deemed necessary for my minor child/ward's immediate care and agree that I will be responsible for payment of all medical services rendered.

I have read and understand the above clinic information, Waiver and Release of All Claims and Permission to Secure Treatment.

PRINTED NAME OF PARENT/GUARDIAN: _____

ADDRESS: _____

(Street)

(City)

(State)

(Zip)

PARENT/GUARDIAN cell phone: _____ DATE: _____

(contact number in the event of an emergency)

PARENT/GUARDIAN SIGNATURE: _____