

**Note:**

BMBB RESERVES THE RIGHT TO ADJUST SESSIONS  
BASED ON NUMBER OF APPLICATIONS RECEIVED

## 2024 SATURDAY SPRING CLINIC

### **GRADES PRE-K/K/1/2 CO-ED @ SHORE ROAD**

**CLINIC FEE: \$350 CASH OR CHECK ONLY - NO REFUNDS OR CREDITS**

PLAYER'S NAME	
PLAYER'S ADDRESS	
PHONE NUMBER	
EMAIL ADDRESS	
PARENT'S NAME	

**SESSION CHOICE:**

(CIRCLE ONE):  
900A /1000A /1100A

**SECOND CHOICE:**

(CIRCLE ONE):  
900A/ 1000A/1100A

**SHIRT SIZE:**

(CIRCLE ONE):  
YS / YM / YL / YXL / AS  
Grade: \_\_\_\_\_ M/F (Circle)

IN CONSIDERATION OF my child/ward being allowed to participate in any way in the BELLMORE MERRICK BASKETBALL LEAGUE, CLINIC the undersigned acknowledges, appreciates, and agrees that: The risks of injury and illness (ex: communicable diseases such as MRSA, influenza, and COVID-19) to my child from the activities involved in these programs are significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce these risks, the risks of serious injury and illness do exist; and, FOR MYSELF, SPOUSE AND CHILD, 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 child's participation; and,

- I willingly agree to comply with the program's stated and customary terms and conditions for participation. If I observe any unusual significant concern in my child's readiness for participation and/or in the program itself, I will remove my child from the participation and bring such attention of the nearest official immediately; and,
- I myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS **BMBB**, its directors, officers, officials, agents, employees, volunteers, 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, ILLNESS, DISABILITY, DEATH, or loss or damage to person or property incident to my child's involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE to the fullest extent permitted by law.
- I, for myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above Releasees from any and all liabilities incident to my involvement or participation in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.
- I, the parent/guardian, assert that I have explained to my child/ward: the risks of the activity, his/her responsibilities for adhering to the rules and regulations, and that my child/ward understands this agreement.

I, FOR MYSELF, MY SPOUSE, AND CHILD/WARD, HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, AND FULLY UNDERSTAND ITS TERMS. WE UNDERSTAND THAT WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Name of Child/Ward: \_\_\_\_\_ Name of Parent/Guardian: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

### UNDERSTANDING OR RISK

I understand the seriousness of the risks involved in participating in this program, my personal responsibilities for adhering to rules and regulation, and accept them as a participant.

Name of Child/Ward: \_\_\_\_\_

Signature of Parent: \_\_\_\_\_

Date Signed: \_\_\_\_\_

DATES APPROVED BY SCHOOL DISTRICT:  
4/6, 4/13, 5/4, 5/11, 5/18, 6/1, 6/8, 6/15,  
6/22, 6/29

Applications must be **received** by **3/30/24**

**Please drop off application w/fees:**

**Lifestyles Sports**

**1901 Wantagh Avenue**

**Wantagh, NY 11793**

**Hours Daily 10am-6pm**