

2024 SPRING PROGRAM 4-ON-4 TEAM APPLICATION

FEE PER PLAYER: \$100

TEAM SIZE: MINIMUM 4/MAXIMUM 6 BMBB RESERVES THE RIGHT TO ADD INDIVIDUAL APPLICANTS TO A TEAM

TEAM NAME:		GRADE:	BOYS/GIRLS(CIRCLE ONE)	
COACH: <u>NAME</u>	ADDRESS	EMAIL	<u>PHONE</u>	<u>JERSEY SIZE</u> (YS/YM/YL/YXL/AS)
1				
2				
4				

PARENTAL SIGNATURE FOR TEAM

5

6

IN CONSIDERATION OF my child/ward being allowed to participate in any way in the BMBB BASKETBAL LEAGUE, 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,

1. 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 RELEASES or others, and assume full responsibility for my child's participation; and, 2. 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,

3. 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. 4. 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.

5. 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 RISI	K AGREEMENT, FULLY
UNDERSTAND ITS TERMS, 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 re	egulation, and accept them as a
participant.	
Name of Child/Ward: Signature of Child/Ward	
SIGNED:	

BMBB RESERVES THE RIGHT TO ADJUST DIVISIONS AND ADD PLAYERS TO ROSTERS BASED ON NUMBER OF APPLICATIONS RECEIVED.

APPLICATIONS MUST BE RECEIVED (NOT POSTMARKED) BY 4/1/24. MAIL TO: BELLMORE-MERRICK BASKETBALL PO BOX 364 BELLMORE, NY 11710