



## MID-EASTERN ATHLETIC CONFERENCE 2019 BASKETBALL YOUTH CLINIC



**Dear Parent or Guardian:**

Please read the information below regarding the 2019 Mid-Eastern Athletic Conference (MEAC) Basketball Youth Clinic and complete this form to provide permission for your child to participate.

This waiver is provided for protection of the MEAC and any individual working on behalf of the MEAC, as well as the individual selected for any activities during the MEAC Basketball Youth Clinic. Please understand that the involvement of your child in any activities during the clinic will be at the risk of the participant listed below. The MEAC will not be at risk or be responsible for any injury, lost or stolen items, or miscellaneous actions caused by neglect on or off the court due to participation. The MEAC reserves the right to select and/or refuse any participants.

- Date/Time:** Saturday, March 9, 2019 / 2:00 PM – 4:00 PM
- Location:** The Salvation Army Ray & Joan Kroc Corps Community Center  
1401 Ballentine Blvd  
Norfolk, VA 23504
- Cost:** Free
- Participants:** Youth Ages 10-12
- Instructions:** Youth must have gym wear to participate – sneakers/tennis shoes, shorts and t-shirts (no jeans, heels, or dress shoes).

### Participation Waiver and Permission Form

I provide permission for my child, \_\_\_\_\_, to participate in the MEAC Basketball Youth Clinic on Saturday, March 9, 2019 from 2:00 p.m. to 4:00 p.m.

Participant Age: \_\_\_\_\_ Participant Grade Level: \_\_\_\_\_

Organization: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Phone Number: \_\_\_\_\_

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

# Visitor/Class WAIVER

(PLEASE PRINT)



**#1 - PRIMARY ADULT OR GUARDIAN** (Person Responsible For Payment)

MALE  FEMALE

NAME (First, Middle, Last)

CELL

WORK PHONE

E-MAIL

BIRTHDATE (MM/DD/YY)

**ADDRESS/HOUSEHOLD INFORMATION**

ADDRESS

APT#

CITY

STATE

ZIP

HOME PHONE

**#2**

MALE  FEMALE

NAME (First, Middle, Last)

CELL

BIRTHDATE (MM/DD/YY)

RELATIONSHIP TO PRIMARY ADULT

**#3**

MALE  FEMALE

NAME (First, Middle, Last)

CELL

BIRTHDATE (MM/DD/YY)

RELATIONSHIP TO PRIMARY ADULT

**#4**

MALE  FEMALE

NAME (First, Middle, Last)

CELL

BIRTHDATE (MM/DD/YY)

RELATIONSHIP TO PRIMARY ADULT

**#5**

MALE  FEMALE

NAME (First, Middle, Last)

CELL

BIRTHDATE (MM/DD/YY)

RELATIONSHIP TO PRIMARY ADULT

**#6**

MALE  FEMALE

NAME (First, Middle, Last)

CELL

BIRTHDATE (MM/DD/YY)

RELATIONSHIP TO PRIMARY ADULT

**Emergency Contact:**

Name: (First, Last) \_\_\_\_\_

Relationship: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Alternative Phone: \_\_\_\_\_

## LIABILITY GUIDELINES

LIABILITY WAIVER - I understand that use of the facilities and equipment at The Salvation Army Kroc Center may involve risk of bodily injury or property damage and I agree to assume any such risks. I understand that it is up to me to consult physicians and other professionals to make sure that I can safely participate in activities and events at The Salvation Army Kroc Center. I also understand and agree that by signing this agreement, I am giving up my right (and/or the right of the minor(s) for whom I sign) to make any claim against The Salvation Army Kroc Center, its agents, employees and volunteers, including the right to sue them, for bodily injury or property damage or any other loss that I might suffer while using The Salvation Army Kroc Center facilities and services, except as limited by law. If The Salvation Army has actual knowledge that an individual is a registered sex offender, such individual shall be denied access to the Ray and Joan Kroc Corps Community Center (RJKCCC). By signing this document, I represent to The Salvation Army, that neither I, nor anyone I am signing on the behalf of, are registered sex offenders in any legal jurisdiction and that furthermore, I have an affirmative duty to The Salvation Army to immediately disclose to The Salvation Army any change in registered sex offender status for myself or anyone I am signing for who seeks admittance at the RJKCCC.

### I UNDERSTAND THAT THIS IS A LEGAL DOCUMENT

I acknowledge that I have read this waiver and that I understand the words and language in it. I understand that I am responsible for and/or my minor child's welfare and supervision.

**Member Initials:** \_\_\_\_\_

NOTICE - In order to promote a safe and secure environment, The Salvation Army Kroc Center has placed video cameras in various locations. As part of our commitment to the safety of children and vulnerable persons, The Salvation Army Kroc Center reserves the right to consult public sources to determine whether any member or guest of any member poses an unreasonable risk of harm to its patrons, staff, or visitors.

**Member Initials:** \_\_\_\_\_

AUTHORIZATION RELATING TO A MINOR OR INDIVIDUAL UNDER LOCAL GUARDIANSHIP – I hereby certify that I am the parent/legal guardian of any dependent identified on this form.

**Member Initials:** \_\_\_\_\_

RELEASE AUTHORIZATION – I hereby agree to each of the consents and waivers listed above, including the Release of Liability, as pertaining to my own or my minor's participation, in functions, activities, special events, and field trips.

**Member Initials:** \_\_\_\_\_

PHOTO RELEASE – I hereby grant The Salvation Army, its agents and those by whom it is commissioned, unrestricted and unlimited license, right, permission, and consent to use and reuse, copyright, print, reproduce, publish, and republish, for any and all trade purposes or commercial or other advertising or public purposes, said media usage depicting me or a minor for whom I have legal responsibility. I warrant that I have not limited or restricted the use of my name or photograph to the use of any organization or person.

**Member Initials:** \_\_\_\_\_

*Investigation & Assumption of the Risk: Participant understands and agrees that participating in or being present at or around the Activity may create predictable and unexpected risks of serious physical or mental injury or death. These risks may include, but are not limited to: sprains; strains; fractures; damage to the head, face or body; emotional distress, flesh wounds; muscular skeletal injuries; cosmetic injuries; emotional or physical distress; cuts; abrasions; penetrations; paralysis; foreign objects in the eye; amputations; permanent disabilities; and other serious injuries or death (collectively "risks"). Participant acknowledges that Participant has investigated and evaluated the risks and has made a voluntary and informed decision about becoming involved in the Activity. This decision is based upon Participant's independent investigation and knowledge and not the representations of The Salvation Army. Participant understands that the nature and severity of the risks may be affected by Participant's own physical and mental skills and abilities, the action or inactions of The Salvation Army or the participants, the relative skill required or competitiveness of the Activity taking place. These risks may not be readily foreseeable or under the control of The Salvation Army or the Participants. Participant acknowledges that Participant is mentally and physically ready to participate in the Activity. Participant agrees to continuously assess whether Participant can safely participate in the Activity. If Participant receives any advice or instruction from The Salvation Army or the Participants, Participant acknowledges that Participant is solely responsible for evaluating the information and choosing how to act upon it. Safety: Participants assume the responsibility to obtain and use all protective equipment that may be reasonably appropriate to ensure safe involvement in the activity. In some cases, Participant may be required to travel to and from the site of the activity. If at any time Participant believes that participating in the Activity would be unsafe, whether due to participant's physical or mental condition, skills, abilities, the location, conditions, circumstances of the Activity, or the conduct or potential conduct of the participants, Participant will immediately discontinue engaging in the Activity.*

Signature

DATE

Print Name

DATE

For Office Use Only:

Employee

Signature \_\_\_\_\_

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