


# Bay Street Hoops Unified Tournament and/or Kid's Clinic – Registration and Consent Form

Please fill and return a consent form for each kids clinic participating child aged 6 to 12.

Child's Name: _____	
Age: _____	
Address: _____	
Parent/Guardian's Name: _____	
Parents/Guardian's Telephone and E-mail: (T) _____ (E) _____	
Name of Parent/Guardian's Hoops 2008 Team or Special Olympics Ontario Club _____	

In consideration of the acceptance of this entry in the 2008 Bay Street Hoops Children's Basketball Clinic (the "Basketball Clinic"), I waive any claims to which the above minor (the "Child") may become entitled for any injury or damage, loss or losses of any kind and hereby irrevocably release and discharge **Bay Street Hoops Sports Corporation** (operator of Bay Street Hoops), **Special Olympics Ontario, Serve!, Ryerson University, The University of Toronto, the organizing committee of Bay Street Hoops**, the directors, officers and members of Bay Street Hoops Corporation and all other organizers, sponsors, representatives, officials and volunteers, their agents and employees and any other person or organization assisting in the Tournament (collectively, the "Releases") from any claims for damages or injury, loss or losses of any kind suffered by the Child as a result of his/her participation in the Basketball Clinic.

I further state that the Child is in proper physical condition to participate in this Clinic and I am aware of the nature and potential consequences, which may ensue from the risks inherent in the game of basketball and participation in the Basketball Clinic in general, and that participation could, in some circumstances, result in physical injury.

I also give my permission for the free use of the Child's name and picture in broadcast, telecast or written account of the Basketball Clinic.

In consideration of Bay Street Hoops accepting this entry, I, agree to indemnify the Releases from any liability, claims, cause of action, demands, damages, or any other forms of relief which might be made against Bay Street Hoops arising directly or indirectly out of or in consequence of the attendance or participation by the Child in the Basketball Clinic including all legal costs incurred by the Releases.

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date