



Basketball Beginnings
INHOUSE
 Homework Program



Date _____

Program Homework Tutorial

Name of School/Institution _____ Cost _____

Participant Information

First Name _____ Last Name _____ Male / Female

Birth Date _____ Age at time of session _____

Address _____ Suite _____

City _____ Prov _____ Postal Code _____

Parent/Guardian _____

Home# _____

Business# _____

E-mail _____

Have you attended one of our programs in the past? Y N

 Parent/Guardian Signature

INFORMED CONSENT AGREEMENT

I/WE the undersigned, hereby acknowledge that certain **RISKS** or **INJURY** are inherent to participation in sports and recreational activities. Types of injuries may be minor or serious and may result from one's own actions, the actions of others, or a combination of both.

I/WE hereby **WARRANT** being physically fit to participate and understand that the **CHOICE** to participate brings with it the **ASSUMPTION OF THOSE RISKS AND RESULTS**, which are part of these activities.

I/WE agree that **Basketball Beginnings** or its employees, servants or agents shall not be liable for any injury to my person or loss or damage to my personal properties arising from, or any way resulting from, my participation in these activities, UNLESS such injury, loss or damage is caused by **SOLE NEGLIGENCE** of **BASKETBALL BEGINNINGS** or its employees, servants or agents while acting within the scope of their duties. I/WE declare having read and understood the above **INFORMED CONSENT AGREEMENT** in its entirety and my signature indicates my consent to participate acknowledging all of the foregoing.

 Participants Name (please print)

 Participant's Signature

 Parent/Guardian's Name (please print)

 Print Witness Name

 Parent/Guardian's Signature

 Witness Signature

Personal Health and Medical History

(Standard form to be filled out annually by all participants)

This record is required annually for all participants. It includes any event that does not exceed seventy-two consecutive hours, where the level of activity is similar to that normally expended at home or at school, and where medical care is readily available. Medical information required, is a current health history signed by parents or guardian. This form is filled out by participants and kept on file for easy reference.

PERSONAL INFORMATION

Name _____ Date of Birth _____ Age _____ M F

Name of Parent or Guardian _____ Telephone _____

If the person above is not available in the event of an emergency, notify

Name _____ Relationship _____ Telephone _____

Name of personal physician _____ Telephone _____

Participants Health # _____

Check items that apply, past or present, to your health history. Explain any "Yes" answers

ALLERGIES: Food, medicines, insects, plants: Yes () No ()

If yes explain: _____

GENERAL INFORMATION

	Yes/No		Yes/No		Yes/No
Asthma	() ()	Diabetes	() ()	High blood pressure	() ()
Cancer/leukemia	() ()	Heart Trouble	() ()	Kidney disease	() ()
Convulsions/seizures	() ()	Hemophilia	() ()		

If yes for any please explain _____

List any medications taken _____

List any physical or behavioral conditions that affect or limit full participation _____

List any equipment needed such as wheelchair, contacts, etc.: _____

IMMUNIZATIONS: (give date of last inoculation or booster if you can) _____

Date _____ Signature of parent/guardian _____