



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 \_\_\_\_\_