



BD BA

BLUE DEVIL BASKETBALL ACADEMY

APPLICATION

Name: _____

Address: _____

Email (parent or player) _____

Parent Name/Cell # _____

Secondary Emergency Contact: _____

School: _____ **Grade Fall 2019** _____

Player Cell # _____

Basketball Goals: _____

Check the appropriate session: *All players should bring their own basketball if possible.*

_____ **Session I Boys Grades 7-12 (Mondays/Wednesdays 9:30am-12pm)**

_____ **Session II Girls Grades 7-12 (Tuesdays/Thursdays 9:30am-12pm)**

_____ **Weekly sign-up** **Weeks attending:** _____

***Return completed application & payment to the Boys & Girls Club of E. A., PO Box 36, East Aurora, NY 14052.
Make checks payable to: Boys & Girls Club of East Aurora.***

Waiver of Liability: I hereby desire that my child, who is entering grades 7-12 participate in the Blue Devil Basketball Training Camp sponsored by the Boys & Girls Club of E. Aurora. By condition of this release, I acknowledge and agree that all the requirements, directions, supervision and standards set forth by the Camp Director's are established for his/her benefit. I hereby voluntarily assume all risk of accident or injury to my child which may arise out of his/her participation in this program, hereby intending to release E. A. Schools, The Boys & Girls Club, Gary Schutrum and all personnel associated with this basketball training camp from liability that may result in his/her participation. I herby also give my permission for my child to be examined by the camp's certified (first aid & CPR) staff. I also give permission to a licensed physician, selected by the camp director's, to hospitalize, secure proper treatment, anesthesia or surgery for my child in an emergency. I also give the camp director's permission to advise the hospital of our health insurance at the time of any treatment.

Parent Signature

Date