



Welcome to Friendship Basketball Academy!

Please fill out the following form and have it notarized by a notary.

****Child's Information:****

1. Full Name: _____

2. Birth Date: _____ Age: _____

3. Gender: [Please Circle One] Male/ Female/ Other

4. Parent/Guardian Name: _____

5. Contact Email: _____

6. Contact Phone Number: _____

****Emergency Contact Information:****

Emergency Contact Name: _____

Relationship to Child: _____

Emergency Contact Phone Number: _____

Emergency Contact Name: _____

Relationship to Child: _____

Emergency Contact Phone Number: _____

****Dismissal:****

1. How will your child get home?

☐ Walk

☐ Someone will pick them up

☐ They will drive

2. If they are being picked up, who beside Emergency contacts are authorized to pick them up?

Name: _____

Number: _____

Relationship: _____

Name: _____

Number: _____

Relationship: _____

*****ID may be asked for upon pickup to assure your child's safety!*****

****Medical Information:****

1. Does your child have any allergies? ☐ Yes ☐ No

If yes, please specify: _____

2. Does your child have any medical conditions we should be aware of? ☐ Yes ☐ No

If yes, please specify: _____

****Camp Preferences:****

1. T-shirt Size: [Please Circle One] **S, M, L, XL**

2. Does your child have any previous basketball experience? ☐ Yes ☐ No

If yes, please specify:

****Additional Information:****

1. How did you hear about our camp?

2. Is there any additional information you would like to provide?

****Declaration:****

By submitting this form, I confirm that I am the parent/legal guardian of the child mentioned above. I understand that participation in the Children's Basketball Camp involves physical activity and hereby release the organizers from any liability for injuries or accidents that may occur during the camp.

Parent Name:_____

Parent Signature:_____ **Date:**_____

Notary Signature:_____ **Date:**_____

Stamp:_____

Note: Upon submission, you will receive a confirmation email with further details about the camp schedule, payment instructions, and any additional information. Thank you for registering your child for the Children's Basketball Camp!



****Friendship Basketball Academy Liability Waiver****

I, [Guardian Name] _____, hereby acknowledge that my child, [Child's Full Name], is participating in the FBA Princeton Basketball Children's Camp. In consideration of being permitted to participate in this camp, I, on behalf of myself and my child, agree to the following:

1. Assumption of Risk: I understand and acknowledge that participation in basketball activities involves inherent risks, including but not limited to physical injury, accidents, and property damage. I voluntarily assume all such risks associated with my child's participation in Friendship Basketball Academy.

2. Release of Liability: I hereby release, waive, discharge, and covenant not to sue Friendship Basketball Academy, its officers, directors, employees, agents, and volunteers (collectively referred to as "Released Parties") from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by my child or any property belonging to my child, whether caused by the negligence of the Released Parties or otherwise, while participating in Friendship Basketball Academy.

3. Indemnification: I agree to indemnify, defend, and hold harmless the Released Parties from and against any and all liabilities, claims, demands, damages, expenses (including reasonable attorney's fees), and losses arising out of or related to my child's participation in Friendship Basketball Academy.

4. Medical Treatment Authorization: I authorize the staff and representatives of Friendship Basketball Academy to obtain medical treatment for my child in the event of any injury, accident, or illness during the camp, if I am unable to be reached in an emergency. I understand that all efforts will be made to contact me or the emergency contact listed on the registration form before any medical treatment is administered.

5. Compliance with Rules and Instructions: I agree that my child will comply with all rules, regulations, and instructions provided by the staff and representatives of Friendship Basketball Academy during sessions. I understand that failure to comply may result in my child's removal from the camp without refund.

6. Photography and Video Release: I consent to Friendship Basketball Academy using photographs, videos, or other recordings of my child taken during the camp for promotional purposes, including but not limited to website, social media, and marketing materials.

I have read this liability waiver and fully understand its terms. I understand that I am giving up substantial rights, including the right to sue, and I voluntarily sign it without any inducement or assurance of any nature.

Guardian Signature: _____ **Date:** _____

Child's Full Name: _____

Witness (if applicable): _____ **Date:** _____

Note: This waiver must be signed by the parent or legal guardian of the participating child.