

Athlete Name: _____



BCANY

SUMMER HOOP FESTIVAL

Waiver & Medical Release

Note: Applicants under the age of 18 this form and hand it in at the regional trials. Applicants under the age of 18 will not be allowed to tryout without this signed form.

Eligibility Waiver

I hereby agree to the following requirements of eligibility set forth by the BCANY Summer Hoops Festival. I understand that the BCANY Summer Hoops Festival has the right to remove me from competition if it is determined that I do not meet the following eligibility requirements.

1. I am a permanent resident of New York State.
2. I have read the eligibility requirements for the division in which I am applying to compete and I meet those requirements.
3. I am not a past or present professional in the sport in which I wish to compete.
4. I will attend a tryout and actively participate in the sport in which I wish to compete.
5. I understand that I am responsible for all medical costs that may be incurred during my participation in the BCANY Summer Hoops Festival.
6. I have read and understand the rules and code of conduct for BCANY Summer Hoops Festival.

Waiver & Medical Release

I, the undersigned, hereby release and forever discharge any and all rights and claims for damages, including any claims, for loss, damages or injury to my person or property arising out of the performance or failure of performance of the Basketball Coaches Association of New York, Inc. the owner of the site of practice and/or competition, I may be competition in, or the respective officers, agents, representatives, successors and/or assignees of the parties named above, from any and all claims, demands and liability of every kind and nature, legal or equitable occasioned by or arising out of my participation in the competition known as the BCANY Summer Hoops Festival .

I recognize the challenges of the event(s) in which I have chosen to participate, and I assume all risks of personal injury or death in connection therewith. I attest that I am sufficiently physically fit to participate safely therein, and that I have not been advised otherwise by a qualified medical person. I hereby consent to allow my picture or likeness to appear in any official documentary, sponsor advertisement or exclusive television coverage of the BCANY Summer Hoops Festival in any manner incidental to my participation in the BCANY Summer Hoops Festival without compensation to me.

I hereby authorize any first aid, medication, medical treatment, or surgery deemed necessary in case of emergency. I also authorize the attending medical person to execute on my behalf any permission forms and other appropriate medical documents on my behalf if I am not immediately available to do so. I understand that I am responsible for any charges incurred by me for medical treatment.

I hereby agree that if I am selected to play in the BCANY Summer Hoops Festival, I will abide by the Basketball Coaches Association of New York, Inc. and the BCANY Summer Hoops Festival Rules and Code of Conduct as stated on the BCANY website and if failing to do so, will abide by any penalties as set forth therein and/or which is deemed appropriate by the BCANY Summer Hoops Festival.

Registration Release

I hereby attest that the information I have provided in the registration process is true and accurate to the best of my knowledge. I understand that should any of this information be proven false, the administrators of the BCANY Summer Hoops Festival have the right to remove me from participating. By providing my signature ,below, I agree that I have read the waivers and releases above and agree to their consent.

Printed Name of Applicant/Player

Signature of Applicant

Date

Parent or Legal Guardian Release for Applicants Under 18 Years of Age

By signing below, I agree to allow my child to participate in the BCANY Summer Hoops Festival.. I further attest that I have reviewed the information provided by my child throughout the registration process and agree to the Waivers and Releases above as if I was a signatory thereto. To the best of my knowledge, the information provided is true and accurate. I understand that should any of this information be proven false, the administrators of the BCANY Summer Hoops Festival have the right to remove my child from participation.

Printed Name of Parent or Legal Guardian

Signature of Parent or Legal Guardian

Date

Parent or Guardian Emergency contact Phone Number:
