



Lay-Up Youth Basketball

Presented by Basketball World Toronto



Lay-Up Youth Basketball in association with Basketball World Toronto provides **FREE** basketball programs for boys and girls aged 6-14. Lay-Up Youth Basketball was founded to make organized basketball more accessible to youth throughout Toronto. All of Lay-Up's programs have two defining pillars; a commitment to high quality, and a focus on developing participants as leaders off the basketball court.

PROGRAM DETAILS

- **No cost to participants** – Lay-Up Youth Basketball programs are **free** for all participants
- Programs in Regent Park, Jane/Finch, Mount Dennis, Thorncliffe Park and Malvern neighbourhoods
- Includes: High quality basketball programming, jersey, medal and prizes, snacks, and off-the-court education
- Basketball Programming: Basketball skills training sessions and game play led by experienced coaches
- Additional Activities: Social building activities, practical games, and guest appearances
- House Leagues: **FALL SEASON** – October to December, **WINTER SEASON** – January to March
- **Contact Information – Phone:** 647-725-9766 **Email:** basketball@lybs.ca

To participate all participants must complete this form (STEP 1), sign the waiver (STEP 2) and drop off or mail the registration form (STEP 3)

STEP 1 - PLAYER INFORMATION

Player's Last Name: _____ Player's First Name: _____ Player's School: _____

Date of Birth: (MM / DD / YYYY) ____/____/____ Sex [M] [F] Height: ____ Weight: ____ Shoe Size: _____

Jersey Size: Youth Small Youth Medium Youth Large Adult Small Adult Medium Adult Large

Has your son/daughter ever played in Lay-Up before? If yes, when? (MM/DD/YYYY) ____/____/____

How did you hear about the Lay-Up Youth Basketball Program? SCHOOL REFERRAL AD/FLYER ONLINE

CONTACT INFORMATION

Parent(s) or Legal Guardian(s): _____ Address: _____

Apt #: _____ Province: Ontario City: _____ Postal Code: _____ Email: _____

Phone:(____)_____

EMERGENCY CONTACT INFORMATION

Emergency Contact Name: _____ Phone Number: (____) _____ Relationship: _____

PARTICIPANT'S MEDICAL INFORMATION (WILL BE KEPT ON SITE AT ALL TIMES)

Family Physician: _____ Physician Phone Number:(____) _____ Player's Health Card #: _____

Requires an EPI Pen? Yes / No Immunizations are up to Date? Yes / No

Does the above player have any allergies/food restrictions that we should be aware of? Yes / No If so, what: _____

Is the participant taking any prescription medicine or have any medical conditions? Yes / No If so, what: _____

JANE & FINCH REGISTRATION – SCHOOL YEAR PROGRAMS

Brookview Middle School Mondays 6:00-7:45pm <input type="checkbox"/> Boys and Girls Ages: 6-10 Fall / Winter Season: October 1 st 2018 (20-25weeks in total)	Yorkwoods Public School Tuesdays: 6:00 - 7:45pm <input type="checkbox"/> Boys and Girls Ages: 6-10 Fall / Winter Season: To be determined (20-25 weeks in total)
Brookview Middle School Wednesday: 6:00-7:45pm <input type="checkbox"/> Boys and Girls Ages: 10-14 Fall / Winter Season: October 3 rd 2018 (20-25weeks in total)	

Walk-Home Permission – Should you, as Parents or Guardians, feel your child is mature enough to cope with the responsibility of walking home alone please sign below giving permission for your child to do so. No child will be allowed to walk home without this form signed.

By signing below, I give permission for my child to walk home on their own after the Lay-Up Program. I have explained to my child the safety aspects of walking home on their own. I understand that it is the responsibility of parents, and not Lay-Up Youth Basketball, Basketball World Toronto, or the School, once my child has left the school premises:

Parent Signature: _____ Date: _____

By signing below, you are authorizing Lay-Up Youth Basketball and Basketball World Toronto, that all of the above information is correct. You also give Lay-Up Youth Basketball permission to use your personal information and that of your child. I understand that the purpose of this information is to ensure the safety of my child while at the program.

Parent Signature: _____ Date: _____

SIGN WAIVER ON BACK

ACKNOWLEDGEMENT, RELEASE AND WAIVER FORM (MINOR)
MUST BE COMPLETED TO PARTICIPATE IN FALL/WINTER 2018-2019 PROGRAMS

I am the parent or legal guardian of _____ (please print) (the "Participant"), who desires to attend at and participate in Lay-Up Youth Basketball presented by Basketball World Toronto (the "Program"). On behalf of the Participant, myself, the Participant's parent(s) or guardian(s), heirs, estate, insurers, assigns and anyone else who may make any claim for or on behalf of the Participant, I hereby irrevocably and unconditionally:

1. represent and warrant that the Participant is in good health and physical condition and can participate in the Program, and acknowledge and understand that participation in and attendance at the Program involves certain risks and dangers either specifically as a result of participation in the Program or generally in connection with the Participant's attendance there at and transportation related to the Program. I acknowledge and agree that such risks and dangers include, but are not limited to, property loss or damage, serious personal and bodily injury, including sprains, strains, dislocations, fractures, tissue tears, loss of teeth, concussions, cuts and exposure to other players blood and bodily fluids, and/or death, and that some of the risks and dangers are foreseeable but others are not. The use of mouth guards is strongly recommended for all participants. I understand, have considered and evaluated the nature, scope, and extent of the risks and dangers involved, and I voluntarily and freely choose to assume these risks and dangers;

2. fully and forever release, discharge and indemnify Lay-Up Youth Basketball, Maple Leaf Sports & Entertainment Ltd. ("MLSE"), MLSE Foundation, Basketball World Toronto and each of their parent companies, affiliates, divisions, subsidiaries, directors, officers, employees, agents, insurers, assigns and successors, together with all Program directors, volunteers, staff, coaches, training and medical personnel (collectively, the "Released Parties") of and from any and all causes of action, lawsuits, losses, damages, injuries howsoever occurring, whether by negligence or otherwise (including death), claims, demands, lawsuits, sums, costs, expenses (including legal fees and disbursements), and any other liability of any kind, of or to me or the Participant or any other person, directly or indirectly arising out of or in connection with the Program, including, without limitation, participation of the Participant in the Program, including, without limitation, transportation related to the Program;

3. agree not to initiate any lawsuit, court action or other legal proceeding against the Released Parties, nor join or assist in the prosecution of any claim for damages or other relief, which anyone may have, on account of loss, damage or injury sustained by me, the Participant or others howsoever occurring, whether by negligence or otherwise in connection with the selection, attendance and participation of the Participant in the Program and I waive any right to do so. This means that I cannot sue or hold the Released Parties responsible for any loss, damage, or injury that I or the Participant may experience related to the Program including, without limitation, transportation related to the Program;

4. waive my insurers' right to make a claim against the Released Parties based on insurance payments made to me or on my behalf for any reason. This means my insurers have no right of subrogation;

5. agree to hold harmless, indemnify and reimburse the Released Parties from and for any sums, costs, or expenses (including legal fees and disbursements) incurred or suffered by any of the Released Parties or paid by them to any person (including me or my insurers) in connection with any accident, loss, damage, injuries, howsoever occurring, whether by negligence or otherwise (including death), claims, demands, lawsuits, expenses and any other liability of any kind, sustained by me or others in connection with the Participant's participation in the Program. This means that I will reimburse the Released Parties if anyone makes a claim against them based on damages or injuries the Participant suffers;

6. acknowledge that if any portion of this Acknowledgement, Release and Waiver is held to be invalid or unenforceable, all other provisions shall nevertheless continue to be valid and enforceable. This Acknowledgement, Release and Waiver supersedes any oral or written statements made by or to me or the Participant in connection with the Program. I understand that I cannot terminate, cancel or revoke this Acknowledgement, Release and Waiver for any reason;

7. agree that, in the Program that I cannot be reached in a medical emergency, I hereby authorize and permit the Released Parties and Program personnel to administer first aid to the Participant, and to authorize such other medical treatment and transportation as may be recommended by physicians, paramedics, and other medical personnel, in the Program of any illness, accident or injury to the Participant;

8. give and grant perpetually to Lay Up Youth Basketball, MLSE, MLSE Foundation, Basketball World Toronto and each of their respective affiliates, licensees, employees, partners and agents, exclusively, the irrevocable right (including, without limitation, all now and hereafter existing common law, statutory and moral rights throughout the world and regardless of whether or not such rights are now known) to use the name, address, photograph, image and likeness, and voice of the Participant (the "Attributes") in any and all publicity purposes, commercial or otherwise, in any and all media without compensation or further notification including, without limitation, the perpetual and unlimited right to reproduce (by electrical transcription, tape or other recording process whether now known or hereafter developed) any materials produced by Lay Up Youth Basketball, MLSE, or MLSE Foundation incorporating the Attributes, and the complete and unencumbered right throughout the world, to exhibit, record, reproduce, broadcast, transmit, publish, sell, distribute, perform and use for any purpose, in any manner, by any means and in any medium, whether now known or hereafter developed, all or any part or parts of the matter and things referred to in this paragraph. I acknowledge that neither I nor the Participant shall have or claim to have any right, title or interest in or to any materials produced hereunder incorporating the Attributes;

9. further agree that this document is governed by the laws of the Province of Ontario and operates to the benefit of the Released Parties as well as their administrators, successors and assigns, and is binding on me and my heirs, administrators, successors, assigns, insurers and estate.

I HAVE READ THIS ACKNOWLEDGEMENT, RELEASE AND WAIVER FORM CAREFULLY. I FULLY UNDERSTAND ITS CONTENT, AND VOLUNTARILY AGREE TO ITS TERMS. BY SIGNING THIS ACKNOWLEDGEMENT, RELEASE AND WAIVER, I UNDERSTAND THAT I, ON BEHALF OF MYSELF AND THE PARTICIPANT, THE PARTICIPANT'S PARENTS OR GUARDIANS, HEIRS, ESTATE, INSURERS, ASSIGNS AND ANYONE ELSE WHO MAY MAKE ANY CLAIM FOR OR ON BEHALF OF THE PARTICIPANT, AM WAIVING CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE.

Printed Name: _____ Signature: _____

Address: _____

Phone: _____ Date: _____

STEP 3 - HOW TO SUBMIT REGISTRATION FORMS

Drop Off At:
Brookview Middle School Office
Gosford Public School Office
Firgrove Public School Office
Yorkwoods Public School Office
Registration Date: September 24th at 6 P.M. at
Brookview Middle School

Online:
www.layup.ca
Email:
basketball@lybs.ca

Mail to:
Lay-Up Youth Basketball
720 Bathurst Street
Toronto ON, M5S 2R4