

<u>Lay-Up Youth Basketball</u> Presented by Basketball World Toronto



Lay-Up Youth Basketball in association with Basketball World Toronto provides <u>FREE</u> 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.

PROGAM DETAILS

Parent Signature: _

- No cost to participants Lay-Up Youth Basketball programs are <u>free</u> for all participants
- Programs in Regent Park, Jane/Finch, Mount Dennis, Thorncliffe Park, Flemingdon 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 partic STEP 1 - PLAYER INFORMATION	ipants must complete this form (STEP	1), sign the waiver (STEP 2) a	nd drop off or mail the reg	istration form (STEP 3)
	Discourds First Names	DI-	avada Calcado	
Player's Last Name:				
Date of Birth: (MM / DD / YYYY)			Weight: Sh	
Jersey Size:	Youth Medium Youth L	arge Adult Small	Adult Medium	Adult Large
Has your son/daughter ever played in	Lay-Up before? If yes, when? (MN	I/DD/YYYY)/_	J	
How did you hear about the Lay-Up Y	outh Basketball Program?	OOL REFERRA	L AD/FLYER	ONLINE
CONTACT INFORMATION				
Parent(s) or Legal Guardian(s):		Address:		
Apt #:Province: Ontario City	:Postal Code:	Email:		
Phone:()				
EMERGENCY CONTACT INFORMATION	<u>N</u>			
Emergency Contact Name:	P	none Number: ()	Relationsl	hip:
PARTICIPANT'S MEDICAL INFORMATI	ON (WILL BE KEPT ON SITE AT ALL	'IMES)		
Family Physician:	Physician Phone Nu	mber:()	Player's Health Card	#:
Requires an EPI Pen? Yes / No	Immunizations are up to Date?	Yes / No		
Does the above player have any aller	gies/food restrictions that we show	ld be aware of? Yes / No If so	o. what:	
Is the participant taking any prescript				
Thorncliffe & Flemingdon – SCHO	OL YEAR PROGRAMS			
Location: Thorncliffe Park Public Schoo		ition: Thorncliffe Park Public S	chool	
Day of week: Tuesday	Day	of week: Tuesday		
<u>Time: 6:00pm - 8:00pm</u>	·	e: 6:00pm - 8:00pm		
Boys and Girls Ages: 6-10		and Girls Ages: 11-14		
Fall / Winter Season: October 2 nd 201	8 (20-25weeks in total) Fall	/ Winter Season: October 2 nd	2018 (20-25weeks in total)
Walk-Home Permission — Should you, for your child to do so. No child will be allow. By signing below, I give permission for my chi that it is the responsibility of parents, and no	ed to walk home without this form signed. ild to walk home on their own after the La	-Up Program. I have explained to	my child the safety aspects of	walking home on their own. I understa
Parent Signature:		_ Date:		
By signing below, you are authorizing La Basketball permission to use your perso				
at the program.				

Date: _____

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, 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_

STEP 3 - HOW TO SUBMIT REGISTRATION FORMS

Date:

Drop Off At: TNO Office Registration Day: September 25th at Thorncliffe Park Public School

Address:

Phone:

Online: www.layup.ca

Email: basketball@lybs.ca

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