



**Bay Area Asian Sports
2015 Summer Clinic**

INCOMING 2nd - 3rd GRADE

DEADLINE JUNE 15, 2016

**COED INSTRUCTIONAL CLINIC
Incoming 2nd - 3rd Grade**

\$85 per player

DATE: June 20th through June 24th

TIME: 6:30 pm - 8:30 pm

LOCATION: Holy Name School
40th Ave & Lawton St
San Francisco

Please bring your own basketball

If you have any questions, please email us at:

baasdragonssummer@gmail.com

Please visit our website:
www.baasdragons.org

Name: _____

Address: _____

City: _____ Zip: _____

Phone: _____

Birthdate: _____ **Current Grade** _____

School: _____

Parent(s): _____

Phone: _____

Email: _____

(Please print clearly - will be used for confirmation)

Please send **one check per child**
and completed form to:

**c/o Teresa Scism
Bay Area Asian Sports
416 Magellan Drive
Pacifica, CA 94044**

Please make check payable to "Bay Area Asian Sports"

Total Enclosed :	\$	
	Check #	

***Acceptance priority is based on postmark.
Get your applications in EARLY!
Thank you for your support!**

LIABILITY WAIVER

In consideration for allowing my child ("player") to participate in the BAAS Dragons summer clinic and other athletic and related activities, I hereby waive (for myself, my spouse, and my heirs and assigns and, for that child) any and all claims related to the player's participation in such activities, including travel to and from any events, and any and all claims for any accidents, illnesses, personal injury or death, and loss or damage to property including theft, occurring during the course of such activities whether or not resulting from the negligence of the BAAS Dragons, volunteers, participants and sponsoring churches or organizations, the gym site, its faculty, staff or volunteers or any of its authorized representatives.

In addition, in the event the player's parent or guardian is unable to attend or is unavailable at any particular event, and there is an accident or medical emergency, said parent or guardian hereby grants authorization for their child to receive any medical or surgical treatment that may be deemed necessary or advisable by the physician or nurse in attendance.

I understand the risks inherent in basketball and other athletic activities. I understand and assume those risks, and those that might arise from the condition of the gymnasiums, schools, parking lots or other venues for such activities.

"The undersigned parent or guardian hereby grants permission to the Bay Area Asian Sports organization to use any photographs of me, my family, my minor children and/or use the photographs in educational and promotional activities without compensation. This can include published information about our programs or organization whether they are written or electronic, local or regional media and promotional advertising".

I am the parent or legal guardian of the player.

Child/Player's Name (Please PRINT)

Parent/Guardian's Name (Please PRINT)

Parent/Guardian Signature

Date

<i>For BAAS use only:</i>
Postmark: _____
ID #: _____