



**Bay Area Asian Sports  
2010 Summer Basketball Clinic**

**DEADLINE: MAY 8, 2010**

**JUNE 21 – 25, 2010**

**COED BASKETBALL CLINIC  
Fundamental Skills  
Boys and Girls  
Incoming 2<sup>nd</sup>-5<sup>th</sup> Grade**

**Location:  
Holy Name  
40<sup>th</sup> Ave & Lawton Street  
San Francisco, CA**

**\$75 per player**  
June 21, 22, 23, 24, 25  
(6:30pm – 8:00 pm)

Please **bring your own basketball!**

If you have any questions, please email us at:  
**summerleague@baasdragons.org**

Please visit our website:  
**www.baasdragons.org**

**PLEASE PRINT CLEARLY**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_  Girl  Boy

Birthdate: mm/dd/yy \_\_\_\_\_ **Current Grade:** \_\_\_\_\_

What School Do You Attend: \_\_\_\_\_

Height: \_\_\_\_ Feet \_\_\_\_ Inches Weight: \_\_\_\_

**Do you play for a basketball organization?**

Yes  No  If yes, who do you play for: \_\_\_\_\_

T-shirt Size (adult):  
S  M  L  XL

Parent(s): \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

*(Please **PRINT** clearly – will be used for confirmation)*

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

**Bay Area Asian Sports  
P.O. Box 31129  
San Francisco, CA 94131-0129**

Total Enclosed for Clinic	\$	<b>75.00</b>
Check #		
Please make check payable to "Bay Area Asian Sports"		

**\*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 BAAS Dragons summer camp, summer league, basketball practices, league and tournament games, and other athletic and related activities in which BAAS teams and other players participate, 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 that 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, parks, 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 the players and/or to supervise any others who may photograph them 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."

If the player is a minor, I am the parent or legal guardian of the player.

Child/Player's Name *(Please PRINT)*

Parent/Guardian Name *(Please PRINT)*

Parent / Guardian Signature

Date: \_\_\_\_\_

*For BAAS Use Only:*

Postmark: \_\_\_\_\_

ID #: \_\_\_\_\_ Logged: \_\_\_\_\_