

# STACK

## BASKETBALL TRAINING

### Biddy Basketball Clinic Application (1<sup>st</sup> – 3rd grade)

#### Player Information

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

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

State \_\_\_\_\_ Zip: \_\_\_\_\_

Male or Female \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Mobile Carrier: \_\_\_\_\_

Email address: \_\_\_\_\_

Name of School: \_\_\_\_\_ Grade in school as of 9-1-15 \_\_\_\_\_

#### Guardian Information (if applicable)

Guardian One's Name \_\_\_\_\_ Guardian Two's Name \_\_\_\_\_

Guardian One's Home phone \_\_\_\_\_ Guardian Two's Home phone \_\_\_\_\_

Guardian One's Cell phone \_\_\_\_\_ Guardian Two's Cell phone \_\_\_\_\_

**Clinic is 3pm – 4pm every Sunday from 10/2 – 11/8**

**Teaching young basketball players the proper fundamentals!**

*"We take the time and have the patience it takes to teach young players the proper way to play basketball." - Coach Ryan Tremblay, Director/Owner*

**\$100.00 per player**

Call: 201-684-9190 to register or  
Make checks payable to STACK Sports (Mail to) 300 Rt 17 S Suite G Mahwah, NJ 07430

**STACK SPORTS, LLC**

*Coaches: Please copy and distribute this form to all players and return the completed forms to the League office prior to the start of the season.*

This injury waiver and release of liability is required by our facilities and programs as a precondition to their use and participation. **NO PLAYER MAY PARTICIPATE UNTIL SUCH TIME AS THIS FORM IS COMPLETED, SIGNED AND RECEIVED BY STACK SPORTS, LLC.**

**INDIVIDUAL WAIVER, RELEASE AND INDEMNIFICATION OF LIABILITY FORM**

I, the undersigned, in consideration of being allowed to participate in an event or program sponsored by Stack Sports, LLC, Online Basketball Camp, LLC, or its related companies, acknowledge and fully understand that I will be engaging in activities that involve risk of serious injury, including permanent disability and possibly death, and severe social and economic loss, which may result from my own action, inaction or negligence as well as the actions, inactions and negligence of others. I acknowledge that I have been advised to consult with a physician before participating in the event or program. I hereby authorize the agents of Stack Sports, LLC, Online Basketball Camp, LLC, to act for me according to his/her best judgment in any emergency requiring medical attention

I further agree to inspect the premises and equipment before playing each game and if I deem any conditions to be unsafe, I will advise the appropriate persons and will refuse to play. I assume all of the foregoing risks and accept personal responsibility for any injury, disability or death and any damages, whether social or economic, and agree to release, waive, indemnify and hold harmless Stack Sports, LLC, Online Basketball Camp, LLC, its parents, subsidiaries and affiliated entities companies, officers, partners, directors, members, commissioners, referees, employees, agents, licensees, assigns, and facilities (hereinafter "Releasees") from any and all liability to the undersigned, his or her heirs and next of kin, for any and all claims, demands, suits, costs, expenses, losses, awards, injuries or damages (including reasonable attorney fees and related costs) caused or alleged to have been caused by Releasees to myself or my child/children in connection with his/her/their/my participation in any Stack Sports program, league, tournament or activity.

**I HAVE READ THE ABOVE WAIVER, RELEASE AND INDEMNIFICATION OF LIABILITY AND I UNDERSTAND THAT I AM VOLUNTARILY GIVING UP CERTAIN RIGHTS BY SIGNING IT.**

Adult Name: \_\_\_\_\_ Team Name: \_\_\_\_\_

Children Name(s) \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Parent \_\_\_\_\_ Date: \_\_\_\_\_  
Signature:

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

*Please complete the following emergency information*

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell \_\_\_\_\_