**Participant & Contact Information:**

New Beginnings will be hosting **FREE** basketball clinics for youth in the community! Snacks and water will be provided Please select from the list below which clinic your child(ren) will be attending:

[ ] **Wednesday July 16th 9:00-12:00pm for Youth Ages 9-12**

[ ] **Wednesday July 30th 9:00-12:00pm for Youth Ages 13-16**

[ ] **Wednesday August 6th 12:00-2:00pm Youth Ages 17-21**

|  |
| --- |
| **Participant Information** |
| **Child #1:** Click or tap here to enter text. | **Date of Birth:** Click or tap here to enter text. |
| **Address:**Click or tap here to enter text.  |
| **Please List Any Allergies or Dietary Restrictions:** | Click or tap here to enter text. |
| **Child#2:** Click or tap here to enter text. | **Date of Birth:** Click or tap here to enter text. |
| **Address:** Click or tap here to enter text. |
| **Please List Any Allergies or Dietary Restrictions:** | Click or tap here to enter text. |
| **Parent/Guardian Information #1** |
| **Name:** Click or tap here to enter text. | **Phone Number:**Click or tap here to enter text. |
| **Address:**Click or tap here to enter text. | **Email:** Click or tap here to enter text. |
| **Parent/Guardian Information #2** |
| **Name:** Click or tap here to enter text. | **Phone Number:** Click or tap here to enter text. |
| **Adress**: Click or tap here to enter text. | **Email:** Click or tap here to enter text.  |
| **Emergency Contact** |
| **Name:** Click or tap here to enter text. | **Phone Number:** Click or tap here to enter text. |
| **Relation to Youth:** Click or tap here to enter text. |

**Informed Consent and Acknowledgement of Risk**

I have reviewed the activity held by New Beginnings and have sufficiently informed myself about the nature of the program and the activities involved. I hereby give my approval for my child’s participation in all activities prepared by New Beginnings and its affiliates. In exchange for the acceptance of said child’s candidacy, I assume all risks and hazards incidental to the conduct of the activities, and release, absolve and hold harmless New Beginnings and all its respective representatives, volunteers, and participants from all liability for injuries to said child arising out of traveling to, participating in, or returning from the activities.

In case of injury to said child, I hereby waive all claims against New Beginnings and including all staff, participants, coaches, volunteers and, if applicable, owners and lessors of premises used to conduct the event. There is a risk of being injured that is inherent in all sports activities.

I hereby give permission for emergency medical treatment to be administered to my child, as may be determined in the reasonable discretion of New Beginnings staff. It is understood that whenever reasonably possible, relatives will be contacted and informed of the problem.

[ ] I hereby consent to my child’s participation in the activity held by New Beginnings and Métis Nation of Ontario the terms and conditions set out above.

Click or tap here to enter text. Click or tap to enter a date.

**Parent/Guardian Name**

**Please submit your completed registration form to Hayley Wilson at** **hwilson@newbe.ca** **and you will receive a confirmation email.**