



## **ABC 3 Day Basketball Clinic & Tournament**

April 7th: 9-11 AM (Grades 7th-12th) 12-2 PM (Grades K-6th)  
April 14th: 9-11 AM (Grades 7th-12th) 12-2 PM (Grades K-6th)  
April 21st: 9-12 PM (Grades 7th-12th) 1-3 PM (Grades K-6th)

**Location: Withrow High School**  
High School Gym

2488 Madison Rd Cincinnati, OH 45208

### **Who:**

Boys & Girls; 5-18 yrs. old

### **How:**

To sign up: call Kyle  
Vismara at 513-884-3371 or  
email at [kyle@abccincy.org](mailto:kyle@abccincy.org)

All student participants must complete  
registration form.



For more information e-mail [kyle@abccincy.org](mailto:kyle@abccincy.org)



# 2018 ABC YOUTH BASKETBALL CAMP

Please forward this COMPLETED Registration Form & Liability Waiver to (513) 281-0208 (Fax) or Email: kyle@abccincy.org  
If you need to speak to us, please call (513) 281-9870 or (513) 884-3371



### Student Information:

I am fully aware of the fact that there are special dangers and risks associated with participation in this activity, including but not limited to the potential for falls, slips, sprains, broken bones, extreme physical contact with other participants or outbursts of rage by other players, coaches, or referees. In extremely rare cases, paralysis and even, sudden death can occur as a result of participation in this activity. Serious injury may also occur as a result of certain playing conditions such as potholes and standing water on fields along with humidity, heat, cold and other weather conditions inherent with games played outdoors. Serious injury may also occur as a result of certain playing conditions inherent with games played indoors. Serious injury or sudden death may also occur as a result of improper use of equipment.

Activities Beyond the Classroom (ABC), the Cincinnati Public Schools, its coaches and activity sponsors and all others involved in the administration of this program have pledged to utilize every reasonable precaution to minimize or eliminate the potential for injury by students as a result of athletic participation. Being fully informed as to these risks and in consideration for being allowed to participate in this activity, I hereby assume all risk of injury, damage and liability arising from participation in this activity. I have read this Release of Liability and Assumption of Risk Agreement. I fully understand this agreement and that I have given up substantial legal rights by signing it. I sign it freely and voluntarily.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Student Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

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

Emergency Contact Name: \_\_\_\_\_ Emergency Contact Phone: \_\_\_\_\_

Does student have medical condition(s)/special need(s)/Allergies?  No  Yes (Explain) \_\_\_\_\_

### Guardian Information:

I certify that I am the parent, legal guardian, or an adult who is authorized to make decisions on behalf of the above-named student; that I have read and understand this Release of Liability and Assumption of Risk Agreement. I certify that I have explained the risks and dangers to my child. I hereby release and hold harmless Activities Beyond the Classroom, the Cincinnati Public Schools, its Partners in Education, coaches, volunteers, medical personnel, security officers, administrative officials, other employees, volunteers and agents from any liability, actions, causes of action, claims, judgments cost or expense, including attorney fees, known or unknown at this time, arising out of or in any way related to any injury or illness incurred by my child while participating in, or traveling to and from any practice, game, or special event. I have voluntarily chosen to allow my child to participate and assume all such dangers and risks. I request that my son/daughter be permitted to participate in extracurricular athletic activities sponsored by Activities Beyond the Classroom and/or the Cincinnati Public Schools.

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Guardian Name: \_\_\_\_\_

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

If I cannot be contacted and a reasonable effort has been made to do so, I authorize the event staff to act on my behalf. I further authorize my son/daughter to be transferred and admitted to any hospital or medical facility for diagnosis and treatment if deemed necessary. I request and authorize any duly licensed Doctors of Medicine, Doctors of Dentistry or other such licensed technicians or nurses to perform any diagnostic, treatment or operative procedures including x-ray diagnosis of my child. I assume the responsibility for the payment of any such transfer and treatment.

Preferred Hospital: \_\_\_\_\_

Person to be Contacted if I am Unavailable: \_\_\_\_\_

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