



Basketball Stars Medical Form

Child's Information				
CHILD'S NAME	AGE	SEX (M/F)	DOB (MM/DD/YYYY)	
ADDRESS	CITY	STATE	ZIP	PHONE

Contact Information		
PARENT'S NAME	WORK PHONE	CELL PHONE
PARENT'S NAME	WORK PHONE	CELL PHONE
EMERGENCY CONTACT FULL NAME	PHONE #	RELATION TO CHILD

Medical Information	
PEDIATRICIAN'S NAME	PEDIATRICIAN'S PHONE #
Any recent operations, illnesses, or injuries of note	
Other limitations or allergies?	
What treatment is required?	

PRESCRIPTION DRUG POLICY

*BSNY will not dispense prescription medication.

Symptoms / Questionnaire

Fever (Above 100.4)		No. of Days	
Cough		No. of Days	

Shortness of Breath		No. of Days	
Current Temp			

Do you use mass-transit?	Yes No
Have you traveled out of the country in last 2 months?	Yes No
Where? (If yes)	
Have you been exposed to someone with COVID-19 infection?	Yes No
Who? (If yes)	Date:
Have you been exposed to someone that is in quarantine?	Yes No
Who? (If yes)	Date:



BSNY WAIVER & RELEASE

Adult Member/Participant/Guardian _____ (Please Print)

Child Member/Participant Name _____ (Please Print)

Child Member/Participant Name _____ (Please Print)

Child Member/Participant Name _____ (Please Print)

Child Member/Participant Name _____ (Please Print)

Please read this section (the "Waiver and Release") carefully. This is a legally binding release which may reduce or eliminate your legal recourse in certain events.

I represent that I am the parent or legal guardian of the child(ren) named below, or I have obtained permission from the parent/legal guardian of such child(ren) to execute this agreement on their behalf. I agree that the child(ren) named below and I shall comply with all stated and customary terms, posted safety signs, rules, and verbal instructions as conditions for participation in any program and/or class at BSNY Basketball LLC. I certify that the child(ren) named below is(are) in good health and able to participate in all activities. In the case of emergency affecting the child(ren) named below, I hereby give permission for physician or hospital designated by BSNY Basketball LLC to administer treatment. I am aware that there are inherent risks associated with participation in BSNY Basketball LLC, classes I either have full knowledge and understanding of the nature and extent of such risks or I expressly recognize that there may be some risks unknown to me and sign this document knowing that it shall be effective with respect to such risk. I, on behalf of myself and the child(ren) named below, knowingly and freely assume all such risks, including, but not limited to, personal injury, death, and property damage, and those risks that may arise out of the negligence of other child(ren) and/ or those arising out of or relating to participation in any and all of BSNY Basketball LCC programs, classes, or use of any BSNY Basketball LLC. facility.

I, on behalf of myself and the child(ren) named below, and our respective heirs, assigns, administrators, personal representatives, and next of kin, hereby release, discharge and hold harmless BSNY Basketball LLC, its affiliates, owners, officers, and employees (collectively, the "Releasees"), from and against any and all claims, injuries, liabilities or damages that I or the child(ren) named below may sustain, or any damage that may be caused to any property of mine or my child(ren) in connection with said activities or use of such facilities or services, including injuries sustained or property damage caused by use of equipment, due to any cause whatsoever, including but not limited to negligence on the part of BSNY Basketball LLC. or any person hired or volunteering to perform any function with respect to BSNY Basketball LLC. I understand that BSNY Basketball LLC doesn't assume any responsibility for or obligation to provide financial or other assistance, including but not limited to medical, health, or disability insurance in the event of injury or illness. I hereby forever release, discharge and hold harmless the Releasees from any claim which arises or may arise on account of any first aid, treatment or service rendered in connection with participation in BSNY Basketball LLC, classes, and/or use BSNY Basketball LLC's gyms.

BSNY Basketball LLC and its agents reserve the right to take and utilize photographs, video, or any type of recording of participating children and their parents, caregivers, or anyone accompanying them to BSNY Basketball LLC while engaged in our classes or associated activities. I consent to BSNY Basketball LLC use of the photograph, or video recording of my child, me, or guardian I have designated for advertising or related purposes, and waive all rights to compensation and other rights which may arise (including any rights under N.Y. Civil Rights Law 50). I understand that BSNY Basketball LLC may use emails for marketing purposes, though I may unsubscribe at any time.

I agree that this Waiver and Release is intended to be as broad and inclusive as permitted by the laws of the State of New York, and that this Waiver and Release shall be governed and interpreted with the laws of the State of New York. If any provision or provisions of this Waiver and Release shall be held to be invalid, illegal, unenforceable or in conflict with the law of any jurisdiction, the validity, legality and enforce ability of the remaining provisions shall not in any way be affected or impaired thereby.

I have read this document before signing below, and I fully understand the contents, meaning and impact of this consent, waiver, indemnity and release.

Signature

Full Name

Emergency Contact Name

Emergency Contact Number

Date