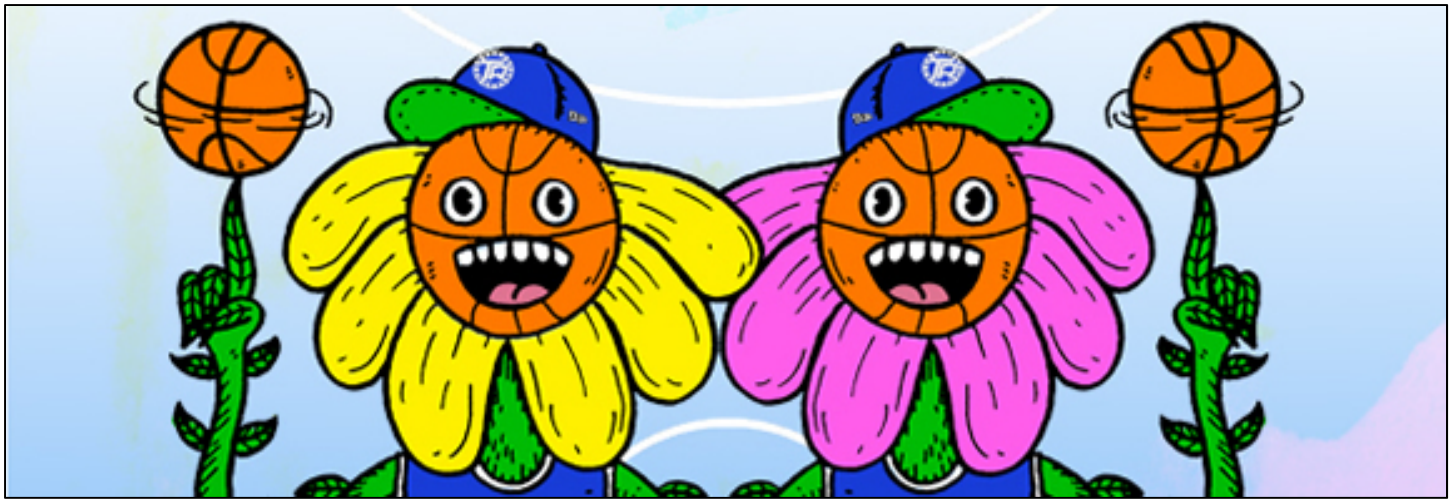

HEALTHY BUFFALO POP-UP CLINIC REGISTRATION FORM

Please select which sessions you would like to participate in (*Select as many as would like, but please only select what you can commit to*):

- ☐ **11:00 am:** *Featuring* Coach Michael Corbi of Elite Basketball Training
- ☐ **12:30 pm:** *Featuring* Skeet Whitlow of the Whitlow Group (Specialty Shooting Clinic)
- ☐ **2:00 pm:** *Featuring* Rod Middleton of Pro Basketball Training
- ☐ **3:30 pm:** *Featuring* Coach Macho Arroyo
- ☐ **5:00 pm:** *TBD*

PARENT OR GUARDIAN INFORMATION

Name: _____ Phone #: _____

Address: _____ City: _____ State: _____ Zip: _____

Email Address: | | | | | | | | | | | | | | | | | | | | | | | | | |

Would you be available to help volunteer at the clinic? ☐ Yes ☐ No

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PLAYER INFORMATION

Name: _____ Age: _____ Jersey Size (Youth): S | M | L | XL (Adult): S | M | L | XL

EMERGENCY CONTACT INFORMATION

Name: _____ Phone #: _____

I, the signer, hereby choose to partake in a Buffalo Sports & Wellness Association (DBA Healthy Buffalo) event. I, the signer, concede the risk of personal injury due to participation in athletic events such as those offered by the Buffalo Sports & Wellness Association (DBA Healthy Buffalo); consequently I hereby release, discharge and hold harmless the Buffalo Sports & Wellness Association (DBA Healthy Buffalo), its employees, volunteers, staff, or any person associated with the Buffalo Sports & Wellness Association (DBA Healthy Buffalo); this includes, but is not limited to, claims arising due to negligence of any official, referee or coach while administering his/her duties during any practice session or game. I understand that by signing this contract, my child if applicable, and I agree to abide by all Buffalo Sports & Wellness Association (DBA Healthy Buffalo) rules and regulations, I, the signer, hereby give permission to have photographs of the event taken, which may be used for advertisement purposes; this includes but is not limited to audio and video. The undersigned has voluntarily read and fully understood the waiver herein and certifies that he/she agrees with all of the contents of this waiver.

CODE OF CONDUCT

IMPORTANT: Parents and guardians are required to abide by a code of conduct, which prohibits foul language, berating league officials and referees, and any attempt to physically or verbally intimidate or harm other players, referees, officials or the facility. Violations of this code will be determined by league officials, referees and Buffalo Sports & Wellness Association (DBA Healthy Buffalo) management. If at any point in the season an individual is ejected from either the game or the stands that player must leave the building immediately, failure to do so will result in permanent removal from all Buffalo Sports & Wellness Association (DBA Healthy Buffalo) events. **If a player is ejected for violations of the** Buffalo Sports & Wellness Association (DBA Healthy Buffalo) **code of conduct no refund will be given under any circumstances.** If any individual feels they cannot abide by this policy do not participate in Buffalo Sports & Wellness Association (DBA Healthy Buffalo) events.

Parent/Guardian Signature: _____ Printed Name: _____ Date: _____/_____/_____