

Child's Name: _____ Age: _____ DOB: _____
Gender: [] M [] F Fee: \$50

Norma Triche Memorial Basketball Clinic

Sponsored By The Brady Faith Center
in cooperation with Shonnard Street Boys and Girls Club

Dear Parent or Guardian:

Your son/daughter is eligible to participate in a Brady Faith Center sponsored activity, the **Norma Triche Memorial Basketball Clinic (the Clinic)**, located at the Southwest Community Center gymnasium, on 401 South Avenue, upon the completion and signing of a Brady Faith Center Participant Application and a parent agreement form.

The Clinic will begin on Monday, July 1, 2, 3 and 5th of July 2024 from 9:00 AM to 12:00 PM (lunch will be provided at no charge at the end of each day, if desired). The Clinic will be under the Directorship of Howard Triche, former Syracuse University basketball star and NBA draftee. Both boys and girls, ages 8 through 13 can attend the Clinic.

By signing the Brady Faith Center Participant Application along with the Parent/Guardian Agreement form below you understand that the Clinic will take place under the guidance and supervision of coaches and volunteers selected by the Director of the Clinic, not the Brady Faith Center; these will include previous Division 1 Players including Syracuse University players. To help cover the cost of the Clinic we request that the participants make a donation to the Brady Faith Center in the amount of \$50.

Parent/Guardian Agreement

I, _____ the parent/guardian of _____
agrees to the following:

1. That my child can participate in all activities in **the Clinic** except where prior special arrangements have been agreed to by the Brady Faith Center or the Director of **the Clinic**.
2. The Clinic's on-site staff can administer basic first aid to my child and, if necessary, transport my child to a local hospital.
3. The Brady Faith Center and the staff of **the Clinic** will take reasonable precautions to insure the safety and wellbeing of my child and that, even after taking such precautions, accidents or injuries may occur. I recognize the risks and agree to assume the risks by allowing my child to participate in this program. I hereby, release, discharge and agree to indemnify the Brady Faith Center and the **Norma Triche Memorial Youth Basketball Clinic**, its' officers, directors, employees and volunteers from all damages and injury to my child or theft of their property related to or arising from my child's attendance in **the Clinic**.
4. My child will not be able to participate unless this application is on file at the Brady Faith Center.
5. All of my child's belongings will be marked with his/her name.

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6. My child agrees to abide by the rules and regulations set by the Director and staff of **the Clinic**, and the Brady Faith Center for the health, safety and welfare of all the participants.
7. The Brady Faith Center, and the Director of **the Clinic**, reserves the right to suspend or dismiss a participant if they consider this to be in the best interest of the program and the participant.
8. I understand that personal information contained in the Participant Application will be kept confidential by the Brady Faith Center and **the Clinic** Staff and only appropriately shared in case of a medical emergency, etc.
9. I will not send my child in any day that he/she is sick or running a fever. Furthermore, I understand that if my child becomes ill during the day, he/she will be sent home.
10. I will send my child with activity appropriate clothing. The Brady Faith Center or **the Clinic** is not responsible for damage to your child's clothing.
11. I give my child permission to participate in the lunch program to be provided at SWCC, at noon, each day.
12. During my child's participation in **the Clinic**, I or my child may be included in a videotape or picture that may identify us as participants of **the Clinic**. I understand that any videos or pictures taken are the sole property of the Brady Faith Center and I grant permission for such pictures to be used for appropriate promotion of the Brady Faith Center or the Norma Triche Memorial Youth Basketball Clinic.

I and my child understand and agree to be bound to the terms of this agreement as stated above.

Parent/Guardian

Signature(s) _____

Date: _____

Witness: _____

Contact Information

(Please print all information)

Parent(s)/Guardian's Name: _____

Address: _____ Apartment # _____

City: _____ State: _____ Zip _____

Contact Number(s): _____
(work/secondary)

Emergency Contact Information (In the event you are unavailable)

Name: _____ Relationship _____

Contact Number: _____ (home) _____ (Cell)