



The Arc of Chemung
 711 Sullivan Street, Elmira, NY 14901
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 www.arcofchemung.org

Achieve with us.®

For people with intellectual and developmental disabilities

Basketball Clinic Registration Form

Child's Name: _____ Today's Date: _____
 Male/Female: _____ DOB: _____ School: _____ T-Shirt Size: (Yth/Adt) _____
 Address: _____ City: _____ State: _____ Zip: _____
 Parent/Guardian Name: _____ Phone: _____
 Email Address: _____

Alternate Emergency Contact Name and Phone: _____

Please indicate any physical, medical or other considerations needed: _____

Hold Harmless Statement

I/We the parents/legal guardians/custodians of the above named child do hereby give my/our permission and approval for participation in this basketball clinic. I/We understand that any physical activity can result in potentially serious injury, and do hereby waive, release, absolve and indemnify and agree to hold harmless The Arc of Chemung, and other partnering organizations, for any claim arising as the result of any injury to my/our child, whether the result of negligence, or for any other cause, except to the extent and in the amount covered by accident and/or liability insurance. I/We have read this emergency medical treatment for any injury or illness sustained by my child if qualified medical personnel find it to be medically necessary. Such treatment would be administered by qualified professionals.

Parent/Guardian Signature and Date: _____

Child's medical insurance provider: _____

Web Photo and Media Release

I/We hereby authorize and give full consent to The Arc of Chemung and its partners to copyright and/or publish any and all photographs, videotapes and/or film in which my child appears while attending this activity. I further agree that The Arc of Chemung and its partners may transfer, use or cause to be used, these photographs, videos, electronic images, etc. for any exhibitions, public displays, publications, commercials, art and advertising, social media and televised promotions without limitations.

YES my child's image may be used for the above stated purposes: _____

NO my child's image may not be used for the above stated purposes: _____

Parent/Guardian Signature and Date: _____

Completed registrations must be received no later than Friday, November 23, 2018.

To submit your completed registration:

1. Mail to: The Arc of Chemung, 711 Sullivan St., Elmira, NY 14901, Attn: Sondra Ogden
2. Fax to: (607) 734-2943, Attn: Sondra Ogden
3. Email to: OgdenSM@arcofchemung.org