



華人特殊兒童之友  
*Friends of Children with Special Needs*

2300 Peralta Blvd., Fremont, CA 94536  
 Website: www.FCSN1996.org, (510) 739-6900

*Together, let's build a community of love, hope and respect for our special children.*

Child's Name: \_\_\_\_\_

Age

**2016 SUMMER FCSN CHILDREN BASKETBALL  
 PLAYER REGISTRATION FORM**

Please print legibly

Player's Last Name:	First Name:	MI:
DOB:	Age:	Sex: M F

Father/Guardian Last Name:	First Name:	MI:
Home Phone:	Cell Phone:	Email:

Mother/Guardian Last Name:	First Name:	MI:
Home Phone:	Cell Phone:	Email:

Emergency Contact:	Emergency Telephone:
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**Basketball Camp details:**

**Place:** *ClubSport Fremont: 46650 Landing Parkway, Fremont, CA 94538 (Indoor Court)*

**Dates/Time:** *July 11 – July 21 Mondays to Thursdays; 3:30pm to 4:30pm (8 classes)*

**The Cost of the Basketball Camp is \$40 per child for FCSN members. Additional \$25 registration fee for non-FCSN members.**

*Please make check payable to "FCSN". Send registration & check to FCSN Basketball Camp: 2300 Peralta Blvd., Fremont CA 94536 before 7/1 or first 12 applicants. Remember to put "Basketball Camp" on the Memo of your check.*

Please answer the following questions as they apply to your child. All information on this form is held strictly confidential and is used solely for the purpose of child placement in the basketball program.

1. Has your child participated in a group basketball program before? If yes, please describe type of program and length of play:

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2. Does your child have a "special need" or medical diagnosis related to their ability to participate in a sports program?

- Yes (Please answer questions 3,4)
- No (Please proceed to question 5)

3. Please check the following that apply to your child:

- ADD/ADHD
- High functioning Autism or Asperger's Syndrome
- Moderate to Severe Autism
- Down's Syndrome or other developmental disability
- Cerebral Palsy
- Other: \_\_\_\_\_



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## Friends of Children with Special Needs

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4. Please indicate the percentage of one to one instruction you feel your child will need to successfully participate in a group:

- 0-25% (Child can follow direction of coach to whole group with no little to no individual assistance.)
- 25-50% (Child is fairly independent in following instruction but may need some extra assistance.)
- 50-75% (Child needs a coach directly assisting or monitoring them over half of the time.)
- 75-100% (Child needs either a coach directly assisting or monitoring them almost or all the time.)

5. Please check the top 3 most important goals for your child's participation in basketball:

- Inclusion/social interaction
- Balance and coordination
- Strength and endurance
- Gain skills for play in regulation competitive soccer games.
- Effort, determination, and perseverance
- Empathy, acceptance, kindness,
- Selflessness
- Leadership development/Train to become junior coach
- Other: \_\_\_\_\_

**Child's Name:** \_\_\_\_\_

### Participant Liability Waiver and Hold Harmless Agreement

Please read this form carefully and be aware that by registering for and participating in this program(s) or by registering your minor child/ward for participation in this program(s), you will be waiving your rights and/or the rights of your minor child/ward to all claims for injuries you or your minor child/ward might sustain arising out of this program(s) and you will be required to indemnify, hold harmless, and defend Friends of Children with Special Needs (FCSN) and Club Sport Fremont for any claims arising out of participation in said program(s).

#### Risk of Injury

If a child's behavior is injurious to self or to others, FCSN and Club Sport reserve the right to remove him/her from the program and terminate his/her admission for safety reasons.

As a participant in the program, or as a parent or legal guardian of a participant under 18 years of age, I recognize and acknowledge that there are certain risks of physical injury, and I agree to assume the full risk of injuries, including death, damages, or loss which I or my minor child/ward may sustain as a result of participating in any and all activities associated with this program."

#### Waiver of Injury Claims "

I agree to waive and relinquish any and all claims I or my minor child/ward may have arising out of, connected with, or in any way associated with the activities of the program."

#### Release from Liability "

I do hereby fully release and discharge Friends of Children with Special Needs (FCSN) and Club Sport Fremont and its officers, agents, and employees from any and all claims from injuries, including death, damage or loss which I or my minor child/ward may have or which may occur on account of participation in the program."

#### Indemnity and Defense "

I further agree to indemnify, hold harmless and defend Friends of Children with Special Needs (FCSN) and Club Sport Fremont and its officers, agents, and employees from any and all claims from injuries, including death, damages and losses sustained by me or my minor child/ward and arising out of, connected with, or in any way associated with the activities of the program."

In the event of any emergency, I authorize Friends of Children with Special Needs (FCSN) and Club Sport Fremont to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed reasonable and necessary for me or my minor child/ward's immediate care and agree that I will be responsible for payment of any and all medical services rendered.

I have read and fully understand and agree to the above Participants Liability Waiver and Hold Harmless Agreement.

#### Photography/Videography

I authorize **FCSN** to photograph, videotape, and/or audiotape the student in promotion of future **FCSN Basketball Camps**.

  X    
\_\_\_\_\_  
Parent or Legal Guardian Signature

  X    
\_\_\_\_\_  
Date