

FALL/SUMMER REGISTRATION FORM

MALE: [] FEMALE: []

PARTICIPANTS FIRST, LAST NAME: _____

ADDRESS: _____

CITY: _____ PROVINCE: _____ POSTAL CODE: _____

PARENT'S NAME/GUARDIAN: _____

PHONE NO.1: () _____ - _____ PHONE NO.2: () _____ - _____

EMERGENCY CONTACT NAME: _____ RELATION TO PARTICIPANTS: _____

EMERGENCY NO.: () _____ - _____

E-MAIL: _____

DATE OF BIRTH: _____ HEIGHT: _____ feet _____ inches WEIGHT: _____ lbs
DAY MONTH YEAR

FAMILY DOCTOR: _____ FAMILY DOCTOR PHONE NUMBER _____

HEALTH CARD NUMBER: _____

MEDICAL CONDITIONS: _____

Fall Basketball Academy

Fall Basketball Academy runs from Sept 2016 to June 2017

Fees : Academy \$400 Team Cost approx: \$650

Players will be taught basic fundamentals including footwork, ball handling, shooting and passing.

RELEASE AND WAIVER

I HEREBY GIVE MY CONSENT FOR THE ABOVE MENTIONED PLAYER TO PLAY BASKETBALL UNDER THE AUSPICES OF MISSISSAUGA MAGIC BASKETBALL/CANADIAN PROSPECTS SUMMER/FALL CAMP. I AND THE ABOVE

MENTIONED PLAYER AGREE TO ABIDE BY THE RULES OF THE CANADIAN PROSPECTS SUMMER CAMP I HEREBY ACKNOWLEDGE THAT BASKETBALL IS A PHYSICAL SPORT AND IN SO DOING I WILL NOT HOLD CANADIAN PROSEPECTS.CA , ITS BOARD OF DIRECTORS, OFFICERS OR REPRESENTATIVES RESPONSIBLE FOR ANY INJURIES CAUSED TO A MEMBER ARISING OUT OF HIS/HER PARTICIPATION IN THE CANADIAN PROSPECTS.CA SUMMER /Fall CAMP or Mississauga Magic AND AGREE TO INDEMNIFY THE C P BASKETBALL SUMMER/FALL CAMP OR MISSISSAUGA MAGIC AND/OR CANADIAN PROSPECTS.CA OR ANY SUCH INJURY. I FURTHER ASSUME FULL RESPONSIBILITY FOR ANY DAMAGE CAUSED BY THE PLAYER TO ANY GYM PREMISES OR EQUIPMENT. I HEREBY GIVE MY CONSENT TO THE USE OF ANY PHOTOGRAPHS/VIDEO TAKEN OF THE ABOVE MENTIONED PLAYER, WHILE AT CAMP TO BE USED ON THE HYPEALLSTARS.COM/CANADIANPROSPECTS.CA/POSTGAMES.CA WEBSITES. I UNDERSTAND AND GIVE CONSENT TO HAVE THE ABOVE MENTIONED PLAYER MOVED BETWEEN TEAMS FOR BALANCING PURPOSES.

MY SIGNATURE ACKNOWLEDGES THAT I ACCEPT RESPONSIBILITY FOR THE FEES AND THAT I HAVE READ AND AGREED TO THE TERMS AND CONDITIONS LISTED ABOVE AND THE REFUND POLICY AS LISTED AT THE BOTTOM OF THIS DOCUMENT.

I CONFIRM THAT I HAVE READ THIS RELEASE AND WAIVER BEFORE SIGNING IT AND I UNDERSTAND THAT IT IS BINDING NOT ONLY ON ME AND THE PARTICIPANT BUT ALSO ON OUR HEIRS, EXECUTORS AND ASSIGNS.

SIGNATURE: _____ DATE: _____
ADULT PLAYER, PARENT OR GUARDIAN'S SIGNATURE DAY MONTH YEAR

(RETURNED CHEQUES: \$25.00 SURCHARGE – REFUND CHARGE: \$25.00 – NO REFUNDS AFTER START OF CAMP)