

# FALL 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 2017 to June 2018:

**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 THE HYPE BASKETBALL/CANADIAN PROSPECTS SUMMER 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 CAMP AND AGREE TO INDEMNIFY THE C P BASKETBALL SUMMER CAMP 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)**