

ADVANTAGE BASKETBALL 2023 REGISTRATION FORM

CAMPERS NAME _____

PLEASE CHECK ONE:

PARENT/GUARDIAN NAME _____

_____ HOUSE LEAGUE

ADDRESS _____

_____ SKILLS ACADEMY AGES 13-18

CITY/POSTAL CODE _____

_____ SKILLS ACADEMY AGES 7-12

_____ DAY CAMP

CONTACT NUMBER _____ EMAIL _____

CAMPERS INFORMATION

D.O.B. _____ HEIGHT _____ WEIGHT _____ GENDER _____

SCHOOL _____ GRADE _____ LAST REP/AAU TEAM _____

Waiver and Release:

Advantage Basketball Canada, Advantage Basketball Camp or Advantage Basketball Summer Clinics, respective employees, officers, agents, representatives, successors, and/or assigns, for any and all damages which may be sustained or suffered by me in connection with my association with or participation in or rising out of my traveling to and returning while participating at the Advantage Basketball Canada Event.

I hereby authorize the directors of the Advantage Basketball Canada to act for me according to their best judgment in any emergency requiring medical attention. I hereby waive and release said organization. I know of no mental or physical problems that might affect the below player's ability to safely participate in this Event. I will be responsible for any medical or other charges in connection with attendance in this Event. I have read the rules and regulations of the event and both the camper and I agree to abide by them.

Assumption of Risk:

1. I recognize the danger and risks to which I/my child/children are exposed to while participating in basketball, including, but not limited to, the risk posed by undercutting my opposition or being undercut by my opponents. I also recognize the dangers inherent to contact with another player and with hard surfaces. Potential injuries include, but are not limited to, musculoskeletal injuries, head injuries, disfigurements, loss of vision, temporary or permanent loss of limb function, paralysis, and death.
2. I/We acknowledged that we have read the Advantage Basketball Canada Registration, Waiver and Release, and Assumption of Responsibility/Risk Statement and agree to all the terms and conditions listed in the information package.
3. No refunds will be given after the program begins. In the case of medical or family emergencies, credits will be given for future programs. We reserve the right to remove a player/camper from any of our programs if his/her behavior becomes inappropriate or puts any other player or coach at risk. If a player is remove from a program because of disciplinary reasons no refund will be given.

Player's Signature: _____ Date _____

Parent/Guardian's Signature: _____ Date _____