

FOR STAFF USE ONLY

- Waiver
- Payment received
- Database
- Insurance List



BWT Youth Basketball Academy **Camp/Clinic Registration Form**

To participate in BWT's Youth Basketball Academy – Camps/Clinics, all players/participants must have their parent/legal guardian complete this form and sign the waiver before commencing play.

PLAYER INFORMATION

Player's Last Name: _____ Player's First Name: _____

Date of Birth: (MM / DD / YYYY) ____/____/____ Sex [M] [F] Height: ____ Weight: ____ Dominant Hand: [R] [L]

- | | | |
|--|---------------------------------------|---|
| Jersey Size: <input type="checkbox"/> Youth Medium | <input type="checkbox"/> Adult Small | Player's skill level: <input type="checkbox"/> Beginner |
| <input type="checkbox"/> Youth Large | <input type="checkbox"/> Adult Medium | <input type="checkbox"/> House league |
| | <input type="checkbox"/> Adult Large | <input type="checkbox"/> Club Team |

How did you hear about BWT? _____

Has your son/daughter participated in a BWT program before? If yes, when? _____

CONTACT INFORMATION

Parent(s) or Legal Guardian(s): _____

Address: _____ Apt #: _____ Province: Ontario

City: _____ Postal Code: _____ E-mail: _____

Home Phone: (___ ___) ___ - ___ - ___ Cell Phone: (___ ___) ___ - ___ - ___

EMERGENCY CONTACT INFORMATION

Emergency Contact Name: _____ Phone Number: (___ ___) ___ - ___ - ___

Relationship to Camper: _____

PLAYER'S MEDICAL INFORMATION

Family Physician: _____

Physician Phone Number: _____

Player's Health Card Number: _____

Is the athlete taking any prescription medication? YES / NO If so, what? _____

Does the above player have any allergies or medical conditions that we should be aware of? _____

Requires an EPI Pen? YES / NO

Immunizations are Up to Date? YES / NO

REGISTRATION & PAYMENT

CLINIC:

Fall Winter Spring Summer

SUMMER CAMP :

SESSION: 1 2 3 4 5 6

HOUSE LEAGUE:

Fall Winter Spring Summer

BY EARLY BIRD DEADLINE

Save \$25

REGISTRATION DEADLINE

AFTER THE REGISTRATION DEADLINE

Add \$25

- Sibling Discount:** \$25.00 off one family member's registration for every additional family member registered. Refunds will be provided once the registered parties have been confirmed. Please provide name of family camper(s) registering _____
- Referral Discount:** Refer a friend our program and receive \$25.00 off your camp/clinic fee (New athlete must not be already registered (for camps or clinics) to apply discount). Please provide the name of whom you have refereed. _____
(Please note that the refund will be provided at our earliest convenience once the referral has been confirmed.)

Full payment of registration fees is required by deadlines. We cannot allow players in the program before all fees have been paid. We will be accepting registrations right up to the first day of the program where openings exist. Payment can be made by cheque, e-mail money transfer, credit card, or cash.

- CHEQUE OR MONEY ORDER** - Please make cheque / money order payable to BWT
- E-MAIL MONEY TRANSFER** – please send full payment to mreio@bwt.ca
- CREDIT CARD PAYMENT** - The signature below authorizes BWT to charge the fee of my selected camp to my credit card.
- CASH**

Cardholder Name: _____

Card Number: _ _ _ _ _ _ _ _ _ _

CCV (3-digits on back of card): _ _ _

Expiration Date: _ _ / _ _

Signature: _____

Please Note: A non-refundable 5% service charge will be charged for all payments via credit card.

Please Note: Any payment by cheque that is determined to be NSF will be charged a \$45.00 NSF Fee by BWT and must pay the full amount as well as the \$45.00 NSF fee immediately before the next scheduled date of the program or the individual will forfeit their spot within the program.

Refunds/Cancellations All cancellations are subject to a \$50 non-refundable administration fee. If you have to cancel prior to the start of program for any reason, we will refund you your program fee minus \$50. There will be no refunds issued after the start of program. In the unlikely event that we must cancel your program session you will receive a full refund of your program registration fees. Player waives any and all damages that may otherwise arise out of any program cancellation and agrees to accept as liquidated damages said registration fees.

FINAL LIABILITY STATEMENT

In addition I, the undersigned submit that my son or daughter is physically fit to participate in strenuous athletic activity and waive BWT Youth Basketball Program, BWT, Basketball World Toronto, their members, officers, directors, employees, independent contractors, facility providers, agents, affiliated clubs, coaches, helpers, representatives, and any volunteers in any way associated with the activities, events, games, tournaments and programs, from all liability, recourse, proceedings, claims, and causes of action of any kind whatsoever, in respect of all personal injuries or property losses which my child(s) may suffer or that my child(s) next of kin may suffer arising out of or connected with, my child(s) preparation for, or participation in, the aforesaid basketball program activities, notwithstanding that such injuries or losses, due to any cause whatsoever, including having been solely or partly caused by the negligence of *Basketball World Toronto*, breach of contract, breach of statutory duty of care or breach of the occupiers' liability act on the part of any of *Basketball World Toronto*'s members, officers, directors, employees, independent contractors, facility providers, agents, affiliated clubs, coaches, helpers, representatives, and any volunteers.

I hereby authorize the Staff of BWT to act for me according to their best judgment in any emergency requiring medical attention. I understand that I am solely responsible for the payment of any such medical expenses. **I have no knowledge of any physical impairment that would be affected by the said player's participation in the program.**

By Signing below, you are authorizing BWT to collect and use my personal information and that of my child. I understand that the purpose of this information is to ensure the safety of my child while at the program.

Parent/Guardian Signature: _____ Date _____

E-MAIL, FAX OR MAIL THIS COMPLETED APPLICATION ALONG WITH PAYMENT TO:

BWT
804-188 Eglinton Avenue East Toronto, ON, M4P 2X7 Phone 416.889.8727 Fax 416.480.0289



BWT Youth Basketball Academy - Waiver

WARNING! - By signing this document you are giving up certain legal rights with regards to your child(s) participation in Basketball World Toronto programs, including the right to sue Basketball World Toronto.

- I am aware that my child(s) participation in *Basketball World Toronto* basketball programs, events, games, tournaments and activities, has dangers and risks, inherent to the game of basketball and additional dangers and risks, including, but not limited to, the danger and risk of collision and forceful bodily contact with other players, the playing surface, walls, balls, benches and doorways, and other items present in the gym, accidental or otherwise, and I freely accept and fully assume all such dangers and risks and the possibility of personal injury, death, property damage or loss resulting there from for my child(s).
- Risks and dangers inherent to basketball include, but are not limited to sprains, strains, dislocations, fractures, tissue tears, loss of teeth, concussions, cuts and exposure to other players blood and bodily fluids, and I freely accept and fully assume all such dangers and risks and the possibility of personal injury, death, property damage or loss resulting therefrom for my child(s). The use of mouth guards is highly recommended for all participants.
- Insurance coverage is provided by Basketball Ontario for all *Basketball World Toronto* activities, officers, directors, employees, independent contractors, facility providers, agents, affiliated clubs, coaches, helpers, representatives, and volunteers. However, the policy may exclude liability insurance coverage in which a player suffers injury or loss. (It is recommended that players direct an inquiry to their own homeowners insurance liability (or other applicable) insurance coverage, to ensure that their coverage is adequate.
- I hereby acknowledge and agree that in consideration of being permitted to participate in programs, games, events, tournaments and activities organized, operated or sanctioned by *Basketball World Toronto*:
- I do hereby release *Basketball World Toronto*, their members, officers, directors, employees, independent contractors, facility providers, agents, affiliated clubs, coaches, helpers, representatives, and any volunteers in any way associated with the activities, events, games, tournaments and programs, from all liability, recourse, proceedings, claims, and causes of action of any kind whatsoever, in respect of all personal injuries or property losses which my child(s) may suffer or that my child(s) next of kin may suffer arising out of or connected with, my child(s) preparation for, or participation in, the aforesaid basketball program activities, notwithstanding that such injuries or losses, due to any cause whatsoever, including having been solely or partly caused by the negligence of *Basketball World Toronto*, breach of contract, breach of statutory duty of care or breach of the occupiers' liability act on the part of any of *Basketball World Toronto*'s members, officers, directors, employees, independent contractors, facility providers, agents, affiliated clubs, coaches, helpers, representatives, and any volunteers.
- And, I hereby acknowledge and agree:
 - that the game of basketball may expose my child(s) / participants to many risks and hazards, some of which are inherent in the very nature of the sport itself, others which result from human error and negligence on the part of the persons involved in preparing, organizing and running all *Basketball World Toronto* related activities and games. that, as a result of the aforesaid risks and hazards, my child(s) / participants may suffer serious personal injury, even death, as well as property loss;
 - that some of the aforesaid risks and hazards are foreseeable, but others are not;
 - that I nevertheless freely and voluntarily assume all the aforesaid risks and hazards, and that, accordingly, my child(s) preparation for, and participation in the aforesaid *Basketball World Toronto* games and activities shall be entirely at my child(s) own risk and my responsibility;
 - that I understand that neither *Basketball World Toronto* nor any of it's members, officers, directors, employees, independent contractors, facility providers, agents, affiliated clubs, coaches, helpers, representatives, or any volunteers assume any responsibility whatsoever for my child(s) safety during the course of my child(s) preparation for or participation in the aforesaid *Basketball World Toronto* games and activities;
 - I have carefully read this RELEASE, WAIVER AND ASSUMPTION OF RISK agreement, I fully understand that I am freely and voluntarily executing same for my child(s)
 - that I understand clearly that by signing this release my child(s) next of kin, heirs, executors administrators and assigns, will be forever prevented from suing or otherwise claiming against *Basketball World Toronto*, it's members, officers, directors, employees, independent contractors, facility providers, agents, affiliated clubs, coaches, helpers, representatives, or any volunteers for any loss or damage connected with property loss or personal injury that my child(s) may sustain while participating in or preparing for any of the aforesaid basketball program activities, notwithstanding that such injuries or losses, due to any cause whatsoever, including having been solely or partly caused by the negligence of *Basketball World Toronto*, breach of contract, breach of statutory duty of care or breach of the occupiers' liability act on the part of any of *Basketball World Toronto* members, officers, directors, employees, independent contractors, facility providers, agents, affiliated clubs, representatives, and any volunteers.
 - to hold harmless and indemnify *Basketball World Toronto*, it's members, officers, directors, employees, independent contractors, facility providers, agents, affiliated clubs, coaches, helpers, representatives, and any volunteers from any and all liability for any property damage or personal injury to any third party, resulting from my child(s) participation in *Basketball World Toronto* and its activities;
 - that this release of liability shall be effective and binding upon my child(s) heirs, next of kin, executors administrators and assigns in the event of my child(s) death.
- I do hereby grant permission to *Basketball World Toronto* to utilize my child(s) name, voice, statements, photograph, image, likeness, actions at the activities, events, games, tournaments and programs, and/or my child(s) biographical data in any live or recorded form (including, but not limited to, any form of video display or other transmission or reproduction), in whole or in part, for promotional, commercial or any other purpose, in perpetuity worldwide on standard and non-standard television, home video, print, electronic and on-line media (including, without limitation, the Internet), and in any other means of distribution, publication or exhibition, whether now known or hereinafter created without any additional consideration;
- To the best of my knowledge, my child is in good health and physically able to participate in an active sports program. In case of an emergency and we are not available for consultation, I hereby give permission for *Basketball World Toronto* to take whatever measures are necessary for the safety and health of my child and give permission to the physician selected by Basketball World Toronto. to hospitalize, secure proper treatment for and to order injections, anesthetic and surgery. I have disclosed all pertinent medical information regarding prescription medications. I hereby give permission to allow my child's physician to provide the program with medical information about my child should it be required. I am aware that the pertinent medical information may be shared with an appropriate staff on an as needed basis. **THE PARENT/LEGAL GUARDIAN IS RESPONSIBLE FOR THE MEDICAL COVERAGE FOR THE CHILD THEY REPRESENT.**

GENERAL RULES

- My child / player hereby promises to obey all rules, regulations and code of conduct of Basketball World Toronto will not be liable for any injuries received while my child/player is playing or for loss of or damage to equipment.

OTHER

- Basketball World Toronto is operating a youth basketball program. Although Basketball World Toronto will do what it can to ensure the dates, times and sessions do not change, participants acknowledge and agree that they may change without notice, including because of matters beyond Basketball World Toronto control

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I hereby authorize the Staff of BWT to act for me according to their best judgment in any emergency requiring medical attention. I understand that I am solely responsible for the payment of any such medical expenses. **I have no knowledge of any physical impairment that would be affected by the said player's participation in the program.**

I understand that the program is not responsible for lost or stolen articles. I also understand that the program retains the right to use for publicity and advertising purposes, photographs of the players at the program.

PARENTS / LEGAL GUARDIAN NAME (Please Print): _____ **DATE:** _____

PARENTS / LEGAL GUARDIAN SIGNATURE: _____