



BASKETBALL

REGISTRATION FORM

BOYS 20 _____



Children's Fitness Tax Credit

PAID BY: CASH CHEQUE

DATE PAID: _____ 20__

AMOUNT PAID: \$ _____

AMOUNT ELIGIBLE: \$ _____

PROGRAM HOUSE LEAGUE ALL-STAR

Name _____
LAST FIRST

Address _____
NUMBER STREET

City _____

Phone _____

Postal Code _____

Date of Birth _____
DAY MONTH YEAR

Age as of December 31 _____

DIVISION (age as of Dec. 31 of current year)

- ROOKIE (5-7)
- NOVICE (8-9)
- ATOM (10-11)

- BANTAM (12-13)
- MIDGET (14-15)
- JUVENILE (16-17)

- SHIRT SIZE**
- YOUTH: S, M, L
 - ADULT: S, M, L, XL

Are there any specific medical problems that we should be aware of? YES NO

If, yes, please specify _____

CONSENT TO PLAY/RELEASE

I, the undersigned parent or legal guardian of the above-named player, do hereby consent and agree that the said player may participate in the Brantford CYO Boys Basketball program. It is understood and agreed that the Brantford CYO Boys Basketball, C.Y.O. Basketball (Brantford) Club, it's representatives and sponsors, assume no responsibility for any injury, loss or damage incurred as a result of the player's participation in the program, or in travelling to or from program events; and I hereby release Brantford CYO Boys Basketball, C.Y.O. Basketball (Brantford) Club, it's representatives and sponsors, from any and all claims for such injury, loss or damage.

CONSENT TO PHOTO USE

I hereby agree that the above player's photograph or other visual reproduction may be used by Brantford CYO Boys Basketball and C.Y.O. Basketball (Brantford) Club in it's promotional, publicity and informational material.

NAME OF PAYER PARENT / LEGAL GUARDIAN'S SIGNATURE

VOLUNTEERS NEEDED

- COACH
- OTHER

CONVENOR

EMAIL ADDRESS _____

Name _____

Phone Number _____ CYO Official _____