

JUNIOR HEAT TRY-OUT REGISTRATION FORM



Participant's Last Name: _____

Participant's First Name: _____

Gender: Male _____ Female _____

Birthday: _____ (dd/mm/yyyy)

Address: _____

City: _____ Postal Code: _____

Phone: hm: _____ cell: _____

E-mail Address: _____

Current school attending: _____

BC Care Card number: _____

Family Doctor: Name: _____ Phone _____

Emergency Contact: Name: _____ Phone _____

Parent/Guardian: Name: _____ Phone _____

Allergies, other medical concerns or comments:

Parent/Guardian Release

I hereby authorize my child's participation in the Junior Heat Basketball Club. I know of no physical or mental problems which may affect my child's ability to safely participate in this Club. I acknowledge that the Junior Heat coaching staff has the right to deny admission to or dismiss my child from training or participating for any reason.

I hereby authorize the coaching staff of the Junior Heat Club to act on my behalf in the case of illness or injury involving my child. I agree that Junior Heat Club and/or its instructor(s), agents, employees, servants or any of them, shall not be held liable for any injuries or damages which may arise out of the aforementioned activities, regardless of cause, unless such injuries or damages result expressly from the sole negligence of the Junior Heat Club, its coaches, agents, employees and servants while acting within the scope of their duties.

By agreeing to this release, it is my intention to exempt and relieve the Junior Heat Club, its coaches, and employees, agents and servants from any and all liability for personal injury, property damage and wrongful death. I am aware that the Junior Heat Club does not provide medical/accident insurance for the enrolled participant and I understand that the responsibility to arrange such insurance, or to otherwise cover any medical costs, is mine.

I, as the Parent/Guardian, agree to the terms and conditions above:

Signature

Name