



2019/20 REGISTRATION FORM

Player Information:

First Name: _____ Surname: _____ Gender: _____

Date of Birth (DD/MM/YY): _____ Grade: _____ School: _____

Home Address: _____ City: _____ Postal Code: _____

Phone: _____ Email: _____

Previous Teams (if any) Club: _____ School: _____

Competitive Team Trying Out For: _____

Parent(s)/Guardian(s) Information:

Name: _____ Cell: _____ Email: _____

Name: _____ Cell: _____ Email: _____

Are there any medical conditions of the player that the coaches need to be aware of? Y N

MEDICAL CONDITIONS: _____

Release and Waiver:

I HEREBY RELEASE, WAIVE AND FOREVER DISCHARGE Gold Medal Basketball and all other association, coaches, event organizing bodies, sanctioning bodies, and sponsoring companies and all their respective agents, officials, servants, contractors, representatives, successors and assigns OF AND FROM ALL claims, demands, damages, costs, expenses, actions and causes of action, whether in law or equity, in respect to death, injury, loss or damage to the applicants person or property, HOWEVER CAUSED, ARISING OR TO ARISE by reason of the applicants participation in this program whether as a spectator, participant, competitor or otherwise, at any time. AND NOT WITHSTANDING that same may have been contributed to or occasioned by negligence of any of the aforesaid.

This agreement shall bind heirs, executors, assigners, and representatives. I FURTHER HEREBY UNDERTAKE TO HOLD AND SAVE HARMLESS and AGREE TO INDEMNIFY all the aforesaid from and against any and all liability incurred by any or all of them arising as a result of or in any way connected with the applicants participation with Gold Medal Basketball.

I WARRANT that the applicant is physically fit to participate in and be involved in the basketball program.

I hereby agree that my child's name and photograph may be used in associated photographs for Gold Medal Basketball promotional material.

Parent/Guardian Signature

Date