



# Mississauga Knights Youth Basketball

*"Encouraging the Youth to become Athletes."*

<http://www.knightsbasketball.ca> | Tel: 416.729.0211 | Fax: 289.997.7000



## PLAYER'S INFORMATION

|                                  |            |                        |                |
|----------------------------------|------------|------------------------|----------------|
| Last Name                        | First Name | ( ) Male<br>( ) Female |                |
| Address:                         |            |                        |                |
| Date of Birth (Month/Day/Year)   |            |                        |                |
| Health Card #                    |            |                        |                |
| School Name                      |            | Grade                  |                |
| List Any Medical/Health Concerns |            |                        |                |
| List Other Sports Experience     |            |                        | How Many Years |

## PARENTS INFORMATION

|                |          |            |
|----------------|----------|------------|
| Father's Name  | Phone #  | Alt. Phone |
| Mother's Name  | Phone #  | Alt. Phone |
| E-mail Address | Division |            |

Payment Method: Cheque: \_\_\_\_\_ (Yes/No)      Cash: \_\_\_\_\_ (Yes/No)

Would you be willing to volunteer your time?      YES       NO

\_\_\_\_\_  
PARENT(S) NAME (Please Print)

\_\_\_\_\_  
PARENT(S) SIGNATURE

## Waiver, Releases & Indemnity-Release of Liability, Waiver of Claims, Assumption of Risk & Indemnity

There are inherent risks in the activities of Mississauga Knights Youth Basketball (MKYB) and Participant in those activities maybe dangerous to life, health and property. Without limiting the generality of the foregoing, the undersigned acknowledges having warned that said activities can cause and will subject the undersigned and his/her child/ward to the risk of death, paralysis, bodily and mentally injury and similar or related conditions. The undersigned, having acknowledged awareness and understanding of the risks involved,

### MEDICAL

I hereby agree that I shall make no claim and bring no action suit or proceeding for any and all damages, losses, liabilities or cost in any manner suffered or incurred as a result of my participating in the activities for which I have registered herein, and I hereby release MKYB and their administration, the City of Mississauga and the owner/occupier of the facility in which I participate from any and all damages losses, liabilities, or costs in this regard.

### PHOTO RELEASE & INDEMNITY

The MKYB is authorized to take photos of my child or me at its programs for publicity and promotional purposes only. I hereby acknowledge and agree that MKYB may use and disclose the information on this form to enable the MKYB to provide membership benefits to all MYKB members.

### REFUND POLICY

There will be no refund policy for this program

In consideration of my child's participation in the Mississauga Knights Basketball house league, I do hereby accept to abide by all rules and regulations. I hereby further agree that I shall make no claim and bring no action, suit or proceedings for any and all damages, losses, liabilities or costs in any manner suffered or incurred as a result of my child's participation in the activities for which I have registered herein and I hereby release the Mississauga Knights organization and their administration, in which my child participates, from any and all damages, losses, liabilities, or costs in this regard. I do give permission and consent to apply first aid/medical care as deemed necessary. I have read and fully understand the rules, regulations and policies set out by the Mississauga Knights Organization for my child/children to participate in this program and agree to this waiver.

\_\_\_\_\_  
CHILD'S

\_\_\_\_\_  
PARENT(S) NAME (Please Print)

\_\_\_\_\_  
PARENT(S) SIGNATURE

\_\_\_\_\_  
DATE

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