

# TRUE NORTH BASKETBALL ACADEMY (TNBA) & THE WWWCCCL AFTER-SCHOOL BASKETBALL REGISTRATION FORM

(Please Print)

Today's date:

Program: One a week  Twice a week

PARTICIPANT & PARENT INFORMATION					
Last Name:	First:	Middle:	Grade:	Age:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Street address:		Phone no.: (    )		Date of Birth (dd/mm/yyyy):	
City:		Province/State:		Postal/Area Code:	
Parent/Guardian Email:		Parent/Guardian Name:		Parent/Guardian phone no.: (    )	

Current School / Basketball Team:

### IN CASE OF EMERGENCY

Name of local friend or relative (not living at same address):	Relationship to participant:	Phone no.: (    )
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**Waiver / Release \***

The above information is true to the best of my knowledge and I agree to the terms of service and parent's/participant's agreement:

I, the undersigned, realizing that there is risk inherent in any recreational and competitive activity, and in consideration of my (my child) being allowed to participate in this activity, I assume all risks in connection of this activity. I further agree to release, indemnify, and hold harmless the Westridge Wolf Willow Country Club Community League (WWWCCCL), True North Basketball Academy (TNBA), the parent company: Big A Industry Inc., its officers, officials, coaches, other participants, employees, and agents from any and all claims and liabilities of any type whatsoever, and for damages to, loss or destruction of any property or injury, sickness or death which may now or hereafter arise out of, result from, or in any way be connected with my participation in this activity. I understand it is my responsibility to obtain health insurance. I grant True North Basketball Academy permission to seek medical treatment for myself (my child) in the event I am unavailable or unable. I acknowledge that True North Basketball Academy may utilize my name (child name), address, and likeness (picture) and hereby waive all rights to compensation for their use in the promotion and operation of True North Basketball Academy. I further state that I am of lawful age and legally competent to sign this release, that I understand the terms herein are contractual and are not mere recital; and that I have signed this document of my own free act.

\_\_\_\_\_  
Parent/Guardian signature (If under 18)

\_\_\_\_\_  
Date

Please print, fill-out, dated, signed, scan the registration form and submit with cheque, money order and/or pay using credit card (\$5 admin fee will be included with a credit card payment) to:

**Westridge Wolf Willow Country Club  
Community League (WWWCCCL)**  
505 Wolf Willow Road  
Edmonton T5T 4J3  
Phone: 780-481-3524  
Email: hallrental@wwwcccl.com