



LINDSAY WILDCATS BASKETBALL ASSOCIATION

Rep Registration Form (Try Out Fee \$10)

Player Name (First & Last)		DOB (Mth, Day, Year)		Gender () F () M	
Prior Basketball Experience (please check all that apply) () None () School () House League () Steve Nash- BGCKL () Summer Camp () Rep					
Medical Conditions: (Including allergies, physical restrictions, and any other conditions)					
Street Address		City		Postal Code	
Parent/ Guardian Name (First & Last)		Home Phone ()		Cell Phone ()	
Email Address (Please list the email address that you use regularly)			Alternate Email Address		
Additional Emergency Contact Name (First & Last)		Relation	Home Phone ()		Cell Phone ()

LWBA Fee Disclosures		
NSF Cheque Fee	Charge for any NSF cheque issued to the LWBA	\$25
Refund Admin Fee	Deduction from any refund approved by the LWBA	\$25

LWBA Policy Disclosures

- Limited Liability Policy:** Liability of the LWBA and/or any of its officials, affiliates, sponsors, or executive members, does not extend to any form of injury, damage or loss resulting from any accident, from known or unknown conditions, handicap, or infection caused while participating in or traveling to or from any LWBA activity.
- Photographic Image Policy:** Photographic images taken of LWBA players during games, practices or in the promotion of the LWBA, may be used at the sole discretion of the LWBA, along with the use of the player's name.
- Refund Policy:** Refunds will be considered on an exception basis and may be granted at the sole discretion of the LWBA.

Parent/ Guardian Acknowledgement: I hereby acknowledge that I have read the above disclosures and my signature indicates my agreement and consent with these terms.

Parent/ Guardian's Name (please print) _____ Parent/ Guardian's Signature

For Register Only (Payment)			
Cash \$ _____	Cheque \$ _____	Jumpstart \$ _____	Registers Initials: _____

Comments: