

Registration & Waiver Form

PERSONAL INFORMATION:

 **Passport Size Photo**

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| --- | --- | --- |
|  |  |  |
| ***FULL NAME: (Last)*** | ***(First)*** | ***(Middle)*** |
|  |
|  |  |  |
| ***Street Address*** | ***City*** | ***Postal Code*** |
|  |
| ***Date of Birth*** *(MMDDYYYY):* |  | ***Place of Birth:***  |  |
|  |
| ***Home No.:***  |  | ***Cell No.:*** |  |
|  |
| ***OHIP No.:*** |  | ***E-Mail:*** |  |
|  |
| ***School:*** |  | ***Grade:*** |  |
|  |
| ***Club/Team:*** |  | ***Division:*** |  |
|  |
| ***Parent’s / Guardian’s Full Name:*** |  | ***Cell No.:*** |  |
| (For under 18 years old participant only) |
|   |
| ***E-mail:***  |  | ***Home No.:*** |  |

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*In consideration of acceptance for playing in the* ***FILIPINO BASKETBALL ASSOCIATION OF DURHAM*** *tournament/events and intending to be legally bound, I do hereby for myself, my heirs, administrators, representatives and assignees, waive and forever release* ***FILIPINO BASKETBALL ASSOCIATION OF DURHAM*** *and all its officials, organizers, volunteers and members from any claims for damages or personal injury arising from such participation and use of* ***FILIPINO BASKETBALL ASSOCIATION OF DURHAM*** *facilities and equipments during the said tournament/events. I accept full responsibility for all damages and loss of my personal property and effects. In the event of injury, I do give my permission and consent to authorize first aid/medical/hospital care as deemed appropriate; I consent to take video/photographs of my child and also grant permission for these video/ photographs to be released to media. I have read and fully understand and agree to the above waiver. I promise to comply with all the rules and regulations of the tournament, doing otherwise, will subject myself and/or my underage siblings to terminate participation to the said event. As a player or parent/guardian of a minor participant, I/We fully read and understand the full release of waiver to* ***FILIPINO BASKETBALL ASSOCIATION OF DURHAM*** *and all its organizers****.***

***\_\_\_\_ (Please initial) I consent to the use of my email for marketing purposes***

**Participant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent’s/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(If under 18 years old)**