

Wolves Minor Basketball Registration, Liability and Waiver Form

Participant information

Legal First Name:	Middle Name:			
Last Name:	Preferred Name:			
Gender: Date of Birth:	Current Age:	T-Shirt Size:		
Address:				
City:				
Parent First Name:	Parent Last Name:			
Phone (H): Phone (C):	Email:			
Emergency contact (other than parent/guardian above):				
Phone:	_ Alberta Health Care #:			
Have you applied for Kidsport or Jumpstart funding? Yes • No •				
Please visit kidsportcanada.ca or jumpstart.canadiantire.ca for more information.				

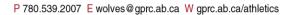
IMPORTANT! Is the waiver form completed and signed on the back?

FOR OFFICE USE ONLY TO BE COMPLETED BY STAFF

Code	Description Code: 3462-651-63604	Times	Amount	Payment
PASC8380	WOLVES MINOR BBALL 5-6 YEAR OLD GF1	10:00-11:00 AM	\$70.00	
PASC8380	WOLVES MINOR BBALL 5-6 YEAR OLD GM1	10:00-11:00 AM	\$70.00	
PASC8380	WOLVES MINOR BBALL 7-8 YEAR OLD GF2	11:15-12:15 PM	\$70.00	
PASC8380	WOLVES MINOR BBALL 7-8 YEAR OLD GM2	11:15-12:15 PM	\$70.00	
PASC8380	WOLVES MINOR BBALL 9-10 YEAR OLD GF3	12:30-1:45 PM	\$70.00	
PASC8380	WOLVES MINOR BBALL 9-10 YEAR OLD GM3	12:30-1:45 PM	\$70.00	
PASC 8380	WOLVES MINOR BBALL 11-13 YEAR OLD GF4	2:00-3:15 PM	\$70.00	
PASC8380	WOLVES MINOR BBALL 11-13 YEAR OLD GM4	2:00-3:15 PM	\$70.00	

Total Amount Paid: Payment taken by: Receipt #:	







Player Name:	Age Group:
	e and information gathered below assist our staff in programming and nfidential. The personal information on this form is collected under the acy act.
,	lo • c or medical condition (if applicable)
Will your child need medications during the camp? If yes, please	explain
please explain.	ing, a psychiatric diagnosis or an emotional health concern? If yes,
Do you wish to pass along any concerns of this nature that have	not been diagnosed?
Please check the behaviors' that apply to your child: No unusual behavior Physically Aggressive Verbally Ag Self-Injurious Wanders/Runs Away Other: Please explain any checked behavior, frequency, and methods of	
yes, please explain.	
Is your child susceptible to digestive ailments? Is your child susceptible or does your child presently have joint p	ains or injuries? If yes, please explain.
	e? If yes, please explain
Liability and consent release	
that withholding information may contribute to injury, illness, or de	evealed in the above document is accurate and truthful. I understand eath and possibly compromise the care provided in the event of an changes prior to or during the program I will immediately notify the
Signed:	
Liability; This is to certify that I/we the guardian/parent of the absoponsoring bodies of the Wolves program, in the event of any lost the said association(s).	ove-mentioned applicant agree to hold blameless the officials or ss, damage of injury suffered during games or practices, sanctioned by
Signed:	
property of GPRC and will not be returned. The usage of the pict program, promotional material such as posters, postcards, flyers	child's photo during the program. These materials will become the cures will be as follows: group picture given to all children attending the , and photos on the GPRC website/social media. GPRC reserves the at there will be no compensation to me for the use of the photographs.
Signed:	