

KW YBA Spring Skills Registration Form – Senior

Name: _____ **DoB:** ____/____/____
Year/month/day

Male ___ Female ___ Jersey size: YS ___ YM ___ YL ___ YXL ___ AS ___ AM ___

Address: _____

City: _____ **Postal Code:** _____

Phone (day): _____ **Phone (evening):** _____

Parents/Guardians Names: _____

Email address: _____

Liability Waiver

ATTENTION: Please read the following very carefully before signing as it affects your legal rights. If the participant is under 18 years of age the following must be filled in and signed by a parent/guardian.

My child, _____ (please print full name of child) is participating in this program organized by the KW Youth Basketball Association (KW YBA). In consideration for the KW YBA allowing my child to participate in this program, I, _____ (print full name), his/her parent/legal guardian, fully understand and agree to the following:

1. That participating in this program may involve personal risk of damage or injury and I agree to assume all such risk and hereby release the KW YBA and its employees and agents from all claims for damage or injury to my child that might result from his/her participation in the program save and except those damages and injuries caused solely by the negligence of the KW YBA, its employees, volunteers or agents.
2. That I will be solely responsible for making arrangements for the picking up of my child and will advise the KW YBA in writing if I have any concerns or there needs to be any special needs or arrangements.
3. That violation of the KW YBA's Code of Conduct by my child my result in temporary or permanent banning from the program at the KW YBA's discretion.

By signing this form, I acknowledge having read, understood and agreed to the above conditions, release and waiver.

Date: _____ **Signature** _____