



SPARTANS BASKETBALL ATHLETIC ASSOCIATION

PLAYER REGISTRATION / WAIVER FORM

Important Note: Please read carefully. Each Player must legibly complete and sign the form his/herself.

Last Name: _____ First Name: _____

Address: _____ City: _____

Home Phone: _____ Cell Phone: _____

Date of Birth: _____ Nationality: _____

Father's Name: _____ Nationality: _____

Mother's Name: _____ Nationality: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

Team Name: _____ Division: _____

Waiver

In consideration of acceptance for membership into the **Spartans Basketball Athletic Association ("SBAA")** and intending to be legally bound; I do hereby, for myself, my heirs, administrators, representatives and assignee, waive and forever release SBAA – Ontario its Officers, Leadership Team and its Sponsors from any claims for damages or personal injury arising from such membership or use of SBAA facilities or equipments. I accept full responsibility for all damages and loss of my personal property and effects. Further, in event of any injury, I do hereby give permission and consent to authorize such first aid and / or medical and / or hospital care or treatment as deemed appropriate.

I have read and fully understood and agreed to the above waiver, I promise to comply with all rules and regulations of the SBAA and / or staff.

Applicant's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____
(if under 18 years old)

Signature of Approval by SBAA Officer/Staff/Committee: _____