



Printable Registration & Waiver

Last Name: _____ First Name: _____

Phone #: _____
Home Cell

Address: _____
Street No. Street City Postal Code

School: _____ Email: _____

Session: Coed Gr 2-4 Boys Gr 4/5 Boys Gr 6 Boys Gr 7 Boys Gr 8 Girls Gr 4/5 Girls Gr 6/7

T-shirt size: (Circle) Youth S Youth M Youth L Youth XL Adult S Adult M Adult L

SPECIAL CONDITIONS (MEDICATIONS, ALLERGIES, ETC.)

No / Yes: _____

Care Card #: _____ Date of Birth: _____ Grade: _____
Day / Month / Year

EMERGENCY CONTACT

Emergency Contact: _____ Phone #: _____

Doctor's Name: _____ Phone #: _____

WAIVER FORM

I hereby authorize the participation of my son/daughter/ward _____ in the West Vancouver Basketball Club Spring Session 2010. I know of no medical or physical problems which may affect my child's ability to participate safely in this program. I understand that the West Vancouver Basketball Club has the right to deny admission or dismiss any participant from the program who displays inappropriate or unsafe behaviour. I understand that there are certain activities where there is risk of injury and hereby agree to waive and release every such officer, employee, volunteer or agent of the West Vancouver Basketball Club and the West Vancouver Basketball Club from all manner of action suits, losses, damages or injuries however caused by negligence or otherwise arising from my child's participation in this program. As parent or guardian, I hereby authorize the instructor to secure such medical advice and services as may be deemed necessary for the health and safety of my son/daughter/ward where all attempts to contact the parent or guardian have failed or where, due to the nature of the emergency, there is insufficient time to contact such parent or guardian, it shall be at the discretion of the instructor as to what steps must be taken for the welfare and safety of the student. Photography Release: I authorize the use of images taken for use in any promotion of WVBC programs. Information will not be released for solely business or commercial purposes.

Date: _____ Signature: _____

Name of Parent or Guardian (printed): _____

BOY'S/GIRL'S GRADES 4-8 SESSIONS COST- \$199 (GST included)

CO-ED GRADE 2-4 SESSION COST- \$150 (GST included)

* Subtract \$25 if your child already has WVBC practice gear (previous Spring or Fall gear)



Mail cheque to: WVBC, #105 - 855 West 16th Street, North Vancouver, V7P 1R2
Drop off: Ridgeview School, 1250 Mathers Avenue, Attn: Greg Meldrum
Please make cheques payable to *West Vancouver Basketball Club*
Registration confirmation will be sent via e-mail.

WVBC SPRING SESSION SPONSORED BY:

