BRAMPTON MINOR BASKETBALL

SmallBall Spring Session

Child's Name: _____

Parental Contact: _____

Age_____Shirt Size_____

Email:_____

SATURDAY MORNING STARTING MARCH 24, 2012

8 WEEKS $60 FOR BOYS AND GIRLS AGES 5 -8

Competitions/Games ,Station Drills, (Passing/Shooting/Dribbling)

- **REGISTRATION** t **BMBA's Office** located at
  8930 McLaughlin Rd. S., Building "E", Brampton, ON L6Y
  TUESDAY TO THURSDAY 10AM TO 8:00 PM
  DEADLINE MARCH 15TH

Indemnity and Authorization

In consideration of The Corporation of the City of Brampton and the Minor Sport Association, Club, or Incorporated Body specified on this form permitting me/my child to participate in the Association, Club or Incorporated Body, I hereby agree to indemnify and save harmless The Corporation of the City of Brampton, Its Elected Officials and all its employees and servants and all other for whom it is legally responsible and the Minor Sport Association, Club or Incorporated Body and its members (and to defend such bodies if requested) from and against all liability, claims, demands, actions and proceeding, by whomsoever made or brought, in respect of any costs (including legal costs), expenses, loss, damage, injury, including death arising by reason or in connection with my child's participation in the activities for which I/my child am/is registering through this form and hereby release and forever discharge The Corporation of the City of Brampton, its Elected Officials and all its employees and servants and the Minor Sport Association, Club or Incorporated Body and its members from and against all claims and demands whatsoever which I, my child, our or his / her heirs, executors, administrations or assigns can share or may have by reason of my child's participation in such activities, or by reason of the provision of medical care to me / him / her by any person for whom The Corporation of the City of Brampton, or the Minor Sport Association, Club or Incorporated Body is legally responsible.

Acknowledgement of Risk

I understand that there are inherent risks in training and participating in any sport, and acknowledge and accept those risks. I also agree that I / I and my child shall abide by each and every rule established for the participation in, and for proper conduct during, the sport for which I / my child is registering.

I have read and understand the Indemnity and Authorization and the Acknowledgement of Risk paragraphs above, and agrees to the terms therein.

Parent's Name: _____ Signature: _____

Office Use Only
PMT_____
CN_____CA_____NOC_____
ENTD_____NOTES_____

BRAMPTON MINOR BASKETBALL

OFFICIAL RECEIPT

Amount Paid: $_____

Player Name: _____

Date of Birth: _____

Program Name and Session: SMALLBALL SPRING SESSION 2012

Authorized signature: _____

PLEASE KEEP THIS RECEIPT OF REGISTRATION FOR TAX PURPOSES. DUPLICATE RECEIPTS WILL NOT BE