

# GCBA 2010-2011 OPEN REGISTRATION FORM

Address: #149-5929L Jeanne d'Arc Blvd, Orleans ON, K1C 7K2

GCBA Phone: 613-834-2178

GCBA Website: [www.gcba.ca](http://www.gcba.ca)

Email: [g\\_cbasketball@yahoo.ca](mailto:g_cbasketball@yahoo.ca)

## REGISTRAR INFORMATION

Player First Name: \_\_\_\_\_

Player LAST Name: \_\_\_\_\_

Player Birth Date (Day/Month/Year): \_\_\_\_/\_\_\_\_/\_\_\_\_  
(day) (month) (year)

Player Sex (M or F): \_\_\_\_\_

DB: \_\_\_\_\_  
WD: \_\_\_\_\_  
REF: \_\_\_\_\_

2010/2011 Division (New): \_\_\_\_\_  
Novice [8-9] Atom [10-11] Bantam [12-13] Midget [14-15] Juvenile [16-19]

Previous Division (2009-10): \_\_\_\_\_

### **PRIMARY CONTACT**

Name: (First & Last) \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work/Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

\*\*Postal Code: \_\_\_\_\_

### **ALTERNATE CONTACT**

Name: (First & Last) \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work/Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

\*\*Postal Code: \_\_\_\_\_

## ASSOCIATION INFORMATION

- a) Player interested in trying out for the **WOLVERINES** (competitive program)?: (Yes or No)  
(Note: no competitive for Novice Boys or Novice Girls)
- b) Player interested in becoming a **REFEREE**?: (Yes or No)
- c) Parent interested in being a **VOLUNTEER**? Please circle **YES** or **NO** and indicate any experience and/or qualifications:  
[1] Exec/Admin (Yes/No) [2] Convenor (Yes/No) [3] Coach (Yes/No) [4] Asst Coach (Yes/No) [5] Manager (Yes/No)  
[6] Other? YES/NO Clothing Sale-Photo Day-Registration-Special Events-Newsletter-Tournaments (Specify) \_\_\_\_\_

## PLAYER INFORMATION \*\*T-Shirt Size (circle one): **YL** (or ADULT) **S M L XL 2XL 3XL**

Height (for age): Short\_\_ Average\_\_ Tall\_\_ Experience: \_\_\_\_\_ School attending: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Comments: \_\_\_\_\_

IF known and applicable: Please **Indicate any weekdays player is NOT available for practice.**

(Please Note: We will **NOT** be able to guarantee practice night or take requests for team mates)

## TREASURER INFORMATION

Please Note: Cheques made payable to: **GCBA** in the amount of:

-1 child \$235.00; - 2 children \$470.00; - 3 children \$590.00; - 4 or more children \$650.00

Cheque Amount: \$ \_\_\_\_\_ Cheque Number: \_\_\_\_\_ Cheque Date: \_\_\_\_\_

**If more than 1 registration included on 1 cheque:**

**Name & Division of other players:** \_\_\_\_\_

[Novice (8-9yrs) Atom (10-11yrs) Bantam (12-13yrs) Midget (14-15yrs) Juvenile (16-18yrs)]

Withdrawals subject to the following Admin fees:

**prior to AUG 01:** Full refund **AUG 01-OCT 15:** \$25 fee (refund = \$210) **OCT 15-OCT 31:** \$100 fee (refund = \$135)

**AFTER OCT 31: NO REFUNDS** (refund = \$0) REFUNDS ARE NOT AUTOMATIC! ... Refunds issued **ONLY** upon request. To request a refund: EMAIL US at: [g\\_cbasketball@yahoo.ca](mailto:g_cbasketball@yahoo.ca) OR Call 834-2178 # 1 - leave message w. player's name; home phone #; birthdate, and division currently registered in. Only confirmed requests for withdrawal will be refunded. Please allow 3-6 weeks for processing of requests.

**Please Note:** Admin fees charged are based on date that notification is received by the REGISTRAR. **NOT** to the coach or convenor

**PLEASE READ AND SIGN THE FOLLOWING:**

**PRIVACY CLAUSE**

The GCBA collects personal information about your son and daughter and the parents and guardians of these children such as name, address, age, telephone numbers, medical conditions, schools and other information pertinent to your child's participation in the GCBA. This information is used and maintained by the GCBA to help the association organize and run the various basketball leagues including house league and competitive teams, obtain insurance, assist in registration and other basketball related purposes. It may be disclosed to administrators of the leagues and coaching staff and other persons who require it for the operation of the team and the organization.

- I hereby consent to the collection, use and disclosure of this personal information about my child

**RELEASE AND WAIVER**

RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISKS AND INDEMNITY:

I hereby agree:

- TO WAIVE ANY CLAIM that I have or may have against the Gloucester Cumberland Basketball Association, event organization bodies, sanctioning bodies and Gloucester Cumberland Basketball Associations sponsors and their respective directors, officers, employees, agents, contractors, representatives, successors and assigns Collectively the "Releasees";
- TO RELEASE THE RELEASEES from any liability for any loss, damage, injury or expense (collectively "Loss") that I or my child may suffer as a result of my participation in any Gloucester Cumberland Basketball Association program, due to any cause, including negligence or breach of contract;
- TO INDEMNIFY THE RELEASEES from any and all claims, actions of Loss resulting in any way from my participation or my child's participation in any Gloucester Cumberland Basketball Association program;
- THIS AGREEMENT SHALL bind my heirs, executors, administrators, assigns and representatives;
- I also hereby authorize, in my absence, a Gloucester Cumberland Basketball Association representative to seek all necessary medical attention in case of emergency.
- I am (or my child) is physically fit to participate in Gloucester Cumberland Basketball Association programs; I am a legal guardian or custodial parent of the child named below.

**I HAVE READ AND UNDERSTAND THIS AGREEMENT.**

- By submitting this application, I acknowledge having read, understood and I hereby consent to the collection, use and disclosure of this personal information about my child as set out in the Privacy clause above, and I also agree to the Waiver, Release and Indemnity. **I further agree to conduct myself in accordance with the Gloucester Cumberland Basketball Association's "Athlete and Parent Behavioural Guidelines"** which were provided along with this Registration and Waiver Form.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 2010.

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Signature of Participant

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Signature of Parent or Legal Guardian if Participant is a Child

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Print name of Child Participating and Relationship