

Woodbridge Basketball Association

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PLAYER APPLICATION

Please Print Clearly

Player Name:		Cellular Phone:	
Address:		Work Phone:	
Postal Code:		Email Address:	
Home Phone:		Fax Number:	
Parent/Guardian Name:		Parent/Guardian Name:	

AGE GROUP APPLIED FOR:

BOYS – U8 U9 U10 U11 U12 U13 U14 U15 U16 U17 U18 U21

GIRLS – U8 U9 U10 U11 U12 U13 U14 U15 U16 U17 U18

DATE OF BIRTH: _____ MALE/FEMALE

MEDICAL CONDITIONS/ALLERGIES:

BASKETBALL EXPERIENCE:

Waiver

WAIVER OF LIABILITY and CONSENT TO EMERGENCY TREATMENT: I give permission for my child to participate in all activities involved with this program, and hereby release WBA, its facilities, staff, and proprietors from any liability or responsibility from any injury or illness that may occur during participation. I am aware of the inherent risks involved with the physical nature of this program, and hereby attest that my child has been deemed by a physician to be in suitable physical and medical condition for participation in rigorous physical activity. If I am unable to be reached in the event that my child should require emergency medical treatment or care, I authorize WBA and its representatives to seek appropriate medical treatment or care for my child on my behalf. In addition, I grant full permission for WBA to record participation in this activity for photos, motion pictures, TV, radio, recording and other media known or unknown and to use them, no matter by who taken, in any manner for publicity, promotions, advertising, trade or commercial purposes without any reimbursement of any kind due to me or my family, or the need to pay me any fee.

Player's Signature: _____ Parent's/Guardian Signature: _____ Date: _____

Emergency Contact:		Relation:		Phone :	
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WBA Use Only:

**Payment:
VISA/Cheque/Cash**