Tel: 416.991.9893 | Email: arnoldc@ckatt.org | Web: www.ckatt.org

2017 Summer Training Registration / Waiver Form

_____ _____ _____
Surname First Name Initial

_____ _____
Street Address City/Town

__ON__ _____ _____ _____
Province Postal Code Home Phone# Cell Phone#

_____ _____ _____
Date of Birth (MM/DD/YYYY) Gender (M/F) Email Address

Health Card Number: _____ Health Concerns:_____

Parent's Information:

Father: _____ Mother:_____
(Please print) (Please print)

Payment method: Cheque:_____(yes/no) Cash:_____(yes/no) Email Transfer: _____(yes/no)

Waiver, Releases & Indemnity-Release of Liability, Waiver of Claims, Assumption of Risks, Photo Release & Indemnity

There are inherent risks in the activities of CKaTT and participation in those activities may be dangerous to life, health and property. Without limiting the generality of the foregoing, the undersigned acknowledges having been warned that said activities can cause and will subject the undersigned and his/her child/ward to the risk of death, paralysis, bodily and mental injury and similar or related conditions. The undersigned, having acknowledged awareness and understanding of the risks involved, do hereby:

- RELEASE THE CKaTT Basketball and/or Basketball Ontario, event organization bodies, sanctioning bodies and sponsors and their respective directors, officers, volunteers, representatives, successors or assigns (collectively the "Releasees") from any liability or loss, damage, injury or expense (collectively "Loss") that I may suffer as a result of my participation in any CKaTT and/or Basketball Ontario program, due to any cause;
- WAIVE ANY CLAIM that I have or may have against any or all of the "Releasees" regarding any matter, including without limitation, any claim arising out of any CKaTT and/or Basketball Ontario program;
- INDEMNIFY THE RELEASEES from any and all claims, actions or Loss resulting in any way from my participation or my child's participation in CKaTT and/or Basketball Ontario programs;
- THIS DOCUMENT SHALL bind my heirs, executors, administrators, assigns and representatives and will have effect throughout my membership in the CKaTT and Basketball Ontario and, thereafter, to the extent reasonably necessary, to give effect hereto;
- THAT I am (or my child is) physically fit to participate in any CKaTT and/or Basketball Ontario programs; I am a legal guardian or custodial parent of the child named below.
- THAT CKaTT and/or Basketball Ontario is authorized to take photos of my child or me at its programs for publicity and promotional purposes only.
- I hereby acknowledge and agree that CKaTT and/or Basketball Ontario may use and disclose the information on this form to enable CKaTT and/or Basketball Ontario to provide membership benefits to all CKaTT and/or Basketball Ontario members.

_____ _____
Signature (parent or Legal Guardian if participant is under 18 yrs of age) Date

_____ _____
Parent or Legal Guardian's name (please print) Phone Number: