



Whitecourt Community Youth Basketball

Email: whitecourtbasketball@gmail.com

Website: www.whitecourtbasketball.com

Facebook Page: Whitecourt Community Youth Basketball

Form must be completed in full - Both Sides

Grade 7-8 Registration Form - \$50.00 Fall Session Only

Players First Name: _____

Players Last Name: _____

Address: _____

Phone Number: Home: _____ Cell: _____

Parent or Guardian Name: _____

Parent or Guardian Phone Number: _____

Email Address: _____

Players Alberta Health Care Number: _____

Date of Birth: _____ Grade: _____

Male or Female: _____

Emergency Contact Name and #: _____

Health Concerns or Allergies
Please explain in detail

Volunteers are the most important resource to our club. If you are willing to help please check an area where you would be could assist.

- Coach _____
- Assistant Coach _____
- Board Member _____
- Referee _____



Release: Please read and sign

I, _____ on behalf of my child hereby release Whitecourt Community Youth basketball, coaches, facilities and all organizations of this club from any and all liability for injury or damage suffered by my child during or arising from his or her participation in the basketball league. I accept the terms of the parent authorization form and of the contract player/coach or parent

Signature: _____

Payment Method Cheque: _____ Cash: _____ E Transfer _____

*****PLEASE COMPLETE PHOTO RELEASE FORM ON REVERSE*****

Photo Release Form

Whitecourt Community Youth Basketball has my permission to use my or my child's photograph publically to promote the club. I understand that the images may be used in print publications, online publications, websites, and social media. This release will also encompass media visits (**newspapers/radio stations**) that may occur with short notice. I understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

Parent/Guardian's signature: _____ Date _____

Parent/Guardian's Name: _____

Child's Name: _____

Phone Number: _____