



no limits

YOUTH ORGANIZATION

SWISH MINOR HOOPS REGISTRATION

Athlete's Name: _____ **D.O.B M/D/Y:** _____ **Age:** _____

Contact Email (check junk email): _____

Contact Phone: _____

TShirt Size (Specify adult or youth size): _____

PROGRAM SELECTION - OFFICE USE ONLY

KINDER 4YRS MITE 5-6 YRS TYKE 7-8 YRS ATOM 9-10 YRS BANTAM 11-13 YRS

Swish basketball \$155 Registration (includes tshirt) FEE: _____

Hoodie \$70 includes last name (Optional) FEE: _____

Warm up shirt \$50 includes last name (Optional) FEE: _____

TOTAL: _____

OFFICE USE ONLY: PAID: _____ **CASH/CHEQUE/DEBIT/EMT** **DATE:** _____

IMPORTANT INFORMATION

Please initial each box showing you have read and understand each item.

- We do not offer refunds once programs begin
- I have signed the Waiver and Release of Liability (On reverse)
- Liked our page "No Limits in Belleville" on Facebook for updates and class cancellations

PLEASE SIGN BELOW TO VERIFY YOU HAVE READ & UNDERSTOOD THE INFORMATION LISTED ABOVE

PARENT/GUARDIAN SIGNATURE: _____

AMATEUR ATHLETIC WAIVER AND RELEASE OF LIABILITY

PARTICIPANT NAME: _____

In consideration of being allowed to participate in any way in the **SWISH BASKETBALL PROGRAM**, related events and activities, the undersigned acknowledges, appreciates and agrees that;

1. The risk of injury from the activities involved in this program is possible and can take place. While there are particular rules, equipment, and personal discipline that may reduce the risk; the risk of serious injury does exist; and,
2. I or participant KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participant; and,
3. I or participant willingly agree to comply with the stated and customary terms and conditions for participants. If however I or participant observe and feel there is a significant hazard during the presence or participation, I or participant will remove myself, or his/herself from participation and ring such to the attention of the nearest official immediately; and,
4. I, for myself or participant and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS No Limits Youth Organization, their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and , if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

I have read this Release of Liability and Assumption of Risk Agreement, and fully understand its terms. I understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any encouragement.

X _____
PARENT/GUARDIAN SIGNATURE IF PARTICIPANT UNDER 18

X _____
PARTICIPANT IF 18 YEARS

X _____
WITNESS

DATE SIGNED

PICTURE/PRINT/VIDEO MEDIA

I grant permission to No Limits Youth Organization to display photographs/video and/or name of the above named participant in media releases, displays, and other publications or social media. This consent will remain valid for as long as the individual remains involved with No Limits Youth Organization unless revoked in writing.

X _____
PARENT GUARDIAN/SIGNATURE

DATE SIGNED

HEALTH

Please list any allergies, medications and/or conditions that we should know about :

