



30 Skyview Ranch Crescent NE, T3N 0E2, Calgary Tel. : 4032006064 email : skyviewranchbasketball@gmail.com

Basketball Registration form

(please fill the the form and send to skyviewranchbasketball@gmail.com)

Player's Surname :

Player's Firstname :

Player's middle name (if applicable) :.....

Player's birthday date :

Player's address.....

Guardian's contact cell. :.....

Guardian's email :

Guardian's adress if different from players please indicate:

.....

Emergency contact information :.....

Amount pay : **150\$** Yes or No (circle)

Interact transfert to skyviewranchbasketball@gmail.com (must keep and save the proof. It is requiert for any issue)

Remarks :

Waiver

I herby certify that I carry insurance on my son/daughterwhich provides coverage for injuries sustained by my son/daugther while participating in any sports programs sponsored by the Skyview Ranch Community Association. I therefore, waive any and all claims that I might have against The Skyview Ranch Community Association and his vulonteer araising out of any physical injury or damage sustained by my son/daughter while playing, practicing traveling or otherwise participating in the Skyview Ranch Community Association sports programs.

Parent Name and signatureDate