



TOWN OF GEORGINA – Youth Basketball Tournament
3 ON 3 BASKETBALL REGISTRATION & CONSENT FORM
JUNE 18TH & June 19TH @ The Georgina Gym – 90 Wexford Drive, Keswick
REGISTRATION MUST BE COMPLETED ON OR BEFORE TO JUNE 15th



Note: if you are under 18 years of age, you must have a parent/guardian's consent to participate.

Please fill out the following information to the best of your knowledge and ability. This information must be completed and submitted prior to your participation in any competition held at the Town of Georgina Gym or Gym back parking lot.

Full Name: _____ **Phone #:** _____

Mailing Address: _____

Email Address: _____ **Birth Date:** _____

Emergency Contact Name: _____ **Relation:** _____

Emergency Contact Phone #: _____

<p>PLEASE SELECT A CATEGORY</p> <p><input type="checkbox"/> YOUTH (9 – 13yrs)</p> <p><input type="checkbox"/> YOUTH (14 – 18yrs)</p>	<p>LIST THE MEMBERS OF YOUR TEAM (minimum 3 – maximum 6)</p> <p>1. _____ 4. _____</p> <p>2. _____ 5. _____</p> <p>3. _____ 6. _____</p>
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Release

I hereby release, waive and forever discharge the Corporation of the Town of Georgina, its employees, agents and contractors from all claims, demands, actions, causes of action, damages, costs and expenses of any kind in respect of death, injury, loss or damage to my person or to the named child or to my property, howsoever caused, arising or to arise by reason of my participation or to the named child's participation in any program in any location where the program is held. By signing this form, I acknowledge having read, understood and agreed to this waiver and release. I hereby give permission to have staff arrange for any emergency medical care including transportation if necessary. Where children are involved, attempts will be made to contact named parent, guardian or emergency contact first. The participant is responsible for his/her own medical coverage.

Print Name: _____ **Signature:** _____
PARTICIPANTS NAME PARTICIPANTS SIGNATURE

If you are under 18 years of age, you must have consent from a parent/guardian to participate:

Print Name: _____ **Signature:** _____
PARENT/GUARDIAN NAME PARENT/GUARDIAN SIGNATURE

For all inquiries please contact Sara Forget, Recreation Programmer
Phone: 905.476.4423 ext. 4411 Email: sforget@georgina.ca
[Completed forms can be dropped off at the Georgina Gym for registration at the front desk.](#)