Filipino Canadian Sports Association

2010 FILCANSA BASKETBALL CLINIC

REGISTRATION FORM

Player Information **Registration Date** _____

Name: _____ _____ _____
Last Name *First Name* *Middle*

Address: _____ _____ _____
Street Address *City* *Postal Code*

Phone: _____ _____ _____
Home *Cell* *E-mail*

School: _____ _____ _____
Name *Grade* *Birthday (mm/dd/yy)*

Returning Player: ☐ *Yes* ☐ *No* ***Gender***: ☐ *Boy* ☐ *Girl* **Height** _____

Division Last Year: _____ **Jersey Size**: _____

Parents: _____ _____
Mother's Name & Phone # (if different) ***Father's Name & Phone # (if different)***

Parental Consent & Indemnity Agreement

(Players will not be assigned to a team unless signed by parents/guardian)

I consent to and assume all risks and hazards of and incidental to the participation of the above-named boy or girl in the activities of the Filipino Canadian Sports Association (FILCANSA). I agree not to held liable the said Association and the Facility (St. Patrick & Notre Dame Secondary School) and its officers, volunteers, servants or agents nominated or appointed by or on its behalf against all loss from any claim hereafter made against it, them or any of them by or on behalf of the said boy or girl and arising directly or indirectly from such participation. I also certify that the registered player is in good health condition except for any medical conditions reported in writing to Filcansa Management. I also consent and have permission to use, post and display any elements of text, graphics, photos and video of my sons and/or daughters and myself as parents to be used in the enhancement of Filcansa website during the duration of the league, and will hold harmless, protect, and defend Filcansa from any claims or suit arising from the use of such elements.

_____ _____
Signature of Parent/Guardian ***Print name of Signatory***

Registration Fee: $25.00 (Bring your basketball)

- ☐ Jr. Midget (Gr 2 & beginners)
- ☐ Midget (Gr 3, 4 & 5)
- ☐ Bantam (Gr 6 & 7)

Payment Information: (no refund policy) ***Make cheques payable to*** **FILCANSA**

Paid by: ☐ Cheque Amount: _____ Bank: _____
☐ Cash Amount: _____

Note: Wait List Yes No Date: _____ Time: _____ Receipt No: _____

Date Received: _____ Received by: _____ Approved by:_____