



Player Registration Form

International Basketball and Sports Academy

3277 Stocksbridge Ave, Oakville, ON L6M 0E3

226-339-9366 - info@ibsabasketball.com

Full Name: _____

Gender: M / F

Birthday (MM/DD/YY): _____

Grade: _____

School: _____

Rep Team: _____

Playing Experience: _____

Are there any medical problems that IBSA staff should be aware of? (Example: epilepsy, diabetes, allergies, disabilities, medications, etc. Please specify if athlete has a life threatening allergy and if an epipen is required.):

Health Card #: _____

FAMILY MAILING ADDRESS:

Address: _____

City: _____ Postal Code: _____

Email: _____ Phone: _____

PARENT(S) / GUARDIAN(S) INFORMATION:

First Name: _____ Last Name: _____

Address (If different): _____

City (If different): _____ Postal Code (If different):

Email (If different): _____ Phone (If different): _____

2ND PARENT / GUARDIAN

First Name: _____ Last Name: _____

Address (If different): _____

City (If different): _____ Postal Code (If different):

Email (If different): _____ Phone (If different): _____

EMERGENCY CONTACT(S):

Name: _____

Phone: _____

Relationship to Athlete: _____

CONTACT #2:

Name: _____

Phone: _____

Relationship to Athlete: _____

WHERE DID YOU HEAR ABOUT IBSA?

Internet Search ___ Friend/Family ___ Social Media ___ Advertisement ___ Other ___

If Other, please specify: _____

The undersigned:

Authorize(s) International Basketball & Sports Academy in the event of an emergency to use its reasonable discretion, on behalf of the undersigned, in rendering first aid treatment and/or arranging for emergency medical care (including hospitalization), at the expense of the undersigned. I (we) understand that International Basketball & Sports will take every reasonable step to ensure the health and safety of its athletes, and that basketball is a demanding physical sport in which injuries might occur.

Release(s) International Basketball & Sports Academy of all claims and liabilities whatsoever arising from participating in International Basketball & Sports Academy school and camps, by the undersigned, the undersigned's child(ren) or any associated spectator(s). It is acknowledged that participation in International Basketball & Sports Academy program involves a voluntary assumption of all the risks associated with the game.

If cancellation is by International Basketball & Sports Academy due to insufficient registration or any other reason, a full refund (without any deduction) will be issued unless another mutually acceptable alternative can be found. The International Basketball & Sports Academy Staff reserves the right to terminate the registration of any athlete when it is deemed by the Staff to be in the best interest of the athlete or the program. In such an event it is understood a proportionate refund will be made.

Acknowledge that while International Basketball & Sports Academy tries to accommodate by providing sufficient notice of cancellation and not canceling a program prematurely, International Basketball & Sports Academy reserves the right to cancel such program.

If this form is signed by both parents/guardians, such parents/guardians assume full responsibility for payment and acknowledge that they have read and understood all International Basketball & Sports Academy policies and International Basketball & Sports Academy can rely on all representation made and information given. If only one parent/guardian signs this form, International Basketball & Sports Academy may fully rely on his/her authority in connection with all such matters.

Please agree by signing below:

Parent 1 _____ **Parent 2** _____

