WETASKIWIN MINOR BASKETBALL ASSOCIATION

WMBA REGISTRATION FORM

Please put a “1” by your first choice and a “2” by your second choice of evening and time best suited for your child to Practice.

<table>
<thead>
<tr>
<th>Choice</th>
<th>Grades 1 &amp; 2</th>
<th>Grades 3 &amp; 4</th>
<th>Grades 5 &amp; 6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tues.</td>
<td>5:00 to 6:00</td>
<td>6:00 to 7:00</td>
<td>7:00 to 8:00</td>
</tr>
<tr>
<td>Wed.</td>
<td>5:00 to 6:00</td>
<td>6:00 to 7:00</td>
<td>7:00 to 8:00</td>
</tr>
<tr>
<td>Thur</td>
<td>5:00 to 6:00</td>
<td>6:00 to 7:00</td>
<td>7:00 to 8:00</td>
</tr>
</tbody>
</table>

WMBA NEEDS YOUR HELP TO RUN THIS PROGRAM.
PLEASE CHECK OFF WHERE YOU CAN HELP.

coach for Grade Level
☐ Referee for Grade Level

No post dated cheques
$25 fine for N.S.F. Cheques

Payment Method (prefer Cheque) Cash Cheque

Circle t-shirt size: Youth: YXS YS YM YL YXL Adult: S M L XL 2X 3X
(t-shirt sizing chart and registration form can be found on www.wetaskiwincomp.ca under the students/athletics tab)

FEE: $60 Registration Deadline is February 15, 2018

After deadline fees are $70 but participation may be declined.

Parent’s Signature
INDEMNIFYING RELEASE OF THE WETASKIWIN MINOR BASKETBALL ASSOCIATION

Read this document thoroughly before you sign. It must be signed and dated in order for your child(ren) to participate.

I the undersigned, wish to have my child(ren), that are stated below, participate in the above activity in the calendar year also stated below.

In acceptance of this application, allowing my child(ren) permission to take part in this event, I hereby agree as follows:

1. To save harmless and keep indemnified the Wetaskiwin Minor Basketball Association & Wetaskiwin Regional Public schools, its organizers and their respective agents, officials and representatives from and against all claims, actions, costs and expenses and demands in respect of injury or death to my child(ren) taking part in this event.

2. That I acknowledge that there are inherent risks associated with this activity and that my child(ren) could sustain personal injury though participation in this event and I am hereby accepting to take that risk on behalf on my child(ren).

3. To accept the responsibility of dropping off and picking up my child(ren) from practices in a timely manner. I also accept the responsibility of supervising (all) my child(ren) during practices and games.

4. To accept the responsibility of being the school supervisor for ONE practice and ONE game night. I will supervise according to the schedule presented or will find a replacement to do my assigned night.

This agreement shall be binding upon myself, me heirs, executor, and assigns.

I have hereunto set my hand this _________ day of ______________________ (month), 20____ (year).

My child(ren) participating are:

___________________________________
(Print participant’s surname, first name)

___________________________________
(Print participant’s surname, first name)

Signature: _______________________
(Parent/Guardian signature required)

This personal information is being collected under the authority of The Freedom of Information and Protection Act, Section 33C and is used solely for the purpose of the WETASKIWIN MINOR BASKETBALL ASSOCIATION for community, sports & recreation safety.