

Wolf Pack – Player Registration / Waiver Form

PERSONAL INFORMATION: First name, middle initial, last name:			Name of Wolf Pack Basketball Program you are participating in:		☺ Boy's Team U-17 / U- 16 / U-15 / U-13 ☺ Girl's Teams:U-17, U-16 / U-15
Home Phone: () ()	Cell Phone: () ()	Fax: () ()	Email:		
Current Address: Street _____ Apt./Unit # _____ City _____ Province _____ Postal Code _____					
Language of Preference: ☺ English ☺ French			Gender: ☺ Male ☺ Female		
Birth Date (dd/mm/yy):			Place of Birth:		
Height:	Position:	School Attending			Grade Entering:
Any know medical / physical conditions or injuries coaches should be aware of:					

Please note that by signing this agreement, you give up the right to sue for any injury or damages, howsoever

caused. TO: _____ Wolf Pack Basketball _____ (“Wolf Pack Basketball”) and its

directors, officers,
employees, representatives and agents (collectively called “the Agents”).

I, _____ here by sign this agreement on behalf of myself, my personal representatives, heirs and assigns.

1. I agree as a precondition to my participation in all events organized by “Wolf Pack Basketball” and/or “ the Agents” including, but not limited to:
Player Development Training Sessions, Tournament Participation, Team Travel, Clinics and Camps
(collectively referred to as “the Activities”) and in further consideration of “Wolf Pack Basketball” allowing me to do so, that I will be strictly bound by the terms of this Release of Liability, Waiver of Claims, Assumption of Risk and Indemnity Agreement (“the Agreement”).
2. I acknowledge that “the Activities” involve **inherent risks and dangers that may cause serious injury and possible death to participants.**
3. I fully understand the risks and dangers associated with my participation in “the Activities” and **accept same entirely at my own risk.**
4. I hereby **waive any and all claims** which I may have against “Wolf Pack Basketball” and “the Agents” and release “Wolf Pack Basketball” and “the Agents” from **all liability** for injury, death, property damage or any other loss sustained by me as a result of my participation in “the Activities”, **due to any cause whatsoever; including negligence, communicable disease, breach of contract, or breach of any statutory or other duty of care** by “Wolf Pack Basketball” and/or “the Agents”.
5. I appreciate that “the Agreement” limits the liability of “the Agents” to the same extent as it limits the liability of “Wolf Pack Basketball”, even though “the Agents” are not form all parties to “the Agreement”.

IF I AM THE PARENT AND/OR LEGAL GUARDIAN OF THE PARTICIPANT, I HAVE READ AND UNDERSTAND AND AGREE TO EXECUTE “THE AGREEMENT” ON BEHALF OF CHILD/WARD. I HEREBY AGREE TO INDEMNIFY AND SAVE HARMLESS THE COMPANY AND AGENTS FOR ANY AND ALL CLAIMS, BY OR ON BEHALF OF OUR SAID CHILD IN RESPECT OF, OR ARISING OUT OF, ANY NEGLIGENCE, BREACH OF CONTRACT, BREACH OF STATUTORY DUTY OF CARE AS IT RELATES TO ALL THE EVENTS ORGANIZED BY “WOLF PACK BASKETBALL” AND/OR “ THE AGENTS”.

Name of Child _____ Signature of parent/guardian _____

_____ Date _____ Print Name _____

