



precision basketball
grow . contribute . belong



Anishinabe Pride Youth Basketball Development Camp Registration Form

Youth Information: Date of Birth (mm/dd/year): _____

First Name: _____ Last Name: _____

Parent/Guardian Information:

First Name: _____ Last Name: _____

Address: _____

City: _____ Postal Code: _____

Telephone: (Home): _____ (Cell): _____

Email: _____

In case of an emergency please contact: _____

Phone: _____

WAIVER AND CONSENT

1. I hereby authorize emergency medical treatment for my son/my daughter/my ward if such treatment is needed during his/her participation in the Anishinabe Pride Youth Basketball Development Camp. I hereby release all persons involved in the organization of the Anishinabe Pride Basketball Club and all partners from any claims, actions, demands, or damages of any kind whatsoever that my son/my daughter/my ward regarding any loss, damage or injury sustained to him/her or his/her equipment before, during and after camp times.

2. I hereby declare this information to be true and correct,

3. I hereby give the Anishinabe Pride Basketball Club the right to photograph or videotape my child to use, publish, reproduce, or copy their image for promotional purposes.

Parent/Guardian signature required:

Date: _____

Print Name: _____

Signature: _____