



BASKETBALL REGISTRATION

Cornwall United Counties Basketball Association

P.O. Box 1975, Cornwall, ON K6H 6N7

www.cornwallbasketball.com

PLAYER INFORMATION:

Name:		
Address:	City:	Province:
Postal Code:	Telephone:	
Date of Birth (D-M-Y):	Grade (Sept.2009):	Height (inches):
Number of Years Experience in CUCBA:		

PARENT INFORMATION:

We need the help of parents to run this league. If you can help with coaching, assisting or coordinating, please indicate in the appropriate space at the bottom of this section.

Parent Name(s):

Address: <small>(if different from above)</small>	City:	Province:
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Postal Code:	Telephone:
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Are you interested in being a: Coach: Assistant Volunteer

EMERGENCY INFORMATION:

Telephone:

List any Medical Conditions:

Are you interested in trying out for the traveling team? YES NO

Note that there is no travelling team for Mites division or Novice division. If you have indicated yes, you will be called for tryouts by the travelling team coaches.

NOTE: Payment must be submitted with this form; **Cost of registration \$70.00/child.** All registrations will be accepted on a "first come – first serve" basis.

Parent's / Guardian's Signature: _____ Date: _____

Division	Born	Boys	Girls
Mites	2002 – 2003		
Novice	2000 – 2001		
Atom	1998 – 1999		
Bantam	1996 – 1997		
Midget	1994 – 1995		

For office use only	
Number	
Cheque	
Cash	
By	

!!!PLEASE FILL OUT THE WAIVER ON THE BACK!!!

Cornwall and United Counties Basketball Association Release and Waiver

I desire to participate in or attend one or more activities, events, tournaments or games (the "Game") either partially or wholly sponsored, produced, directed, organized, conducted, coached or paid for by the Cornwall and United Counties Basketball Association (the "CUCBA"). The Cornwall and United Counties Basketball Association are hereinafter collectively referred to as the "CUCBA". I hereby represent that I am in good health and physical condition. In exchange for the ability to participate in or attend the Game, I hereby irrevocably and unconditionally agree for myself and my heirs, estate, insurers, and assigns, as follows:

- 1. ASSUMPTION OF RISK.** I acknowledge that participation in or attendance at the Game involves inherent risks and dangers of accidents, serious personal and bodily injury, including death, and property loss or damage. I understand and I have considered and evaluated the nature, scope, and element of the risks involved, and I voluntarily and freely choose to assume these risks.
- 2. RELEASE FROM LIABILITY.** I fully and forever release and discharge the CUCBA, it's Executive, it's membership, and all others involved in the Game including, but not limited to coaches, assistants, managers, coordinators, referees, volunteers, agents, other players or participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the Game and any related events and/or activities (the 'Released Parties') from any and all losses, damages, injuries (including death), claims, demands, lawsuits, expenses (including attorney fees), and any other liability of any kind, of or to me or any other person, directly or indirectly arising out of or in connection with my participation in or attendance at the Event, including transportation related to the Game.
- 3. COVENANT NOT TO SUE.** I will not initiate any lawsuit, court action or other legal proceeding against the Released Parties, nor join or assist in the prosecution of any claim for money damages which anyone may have, on account of loss, damage, or injury sustained by me or others in connection with my participation in or attendance at the Game, and I waive any right I may have to do so. This means that I cannot sue to hold the Released Parties responsible for any loss, damage, or injury that I may experience related to the Game.
- 4. NO SUBROGATION.** I waive my insurers' right to make a claim against the Released Parties based on insurance payments made to me or on my behalf for any reason. This means my insurers have no right of subrogation.
- 5. INDEMNITY.** I will hold harmless, indemnify, and reimburse the Released Parties from and for any sums, costs, or expenses (including attorney fees) incurred by any of the Released Parties or paid by them to any person (including me or my insurers) in connection with any accident, loss, damage, injuries (including death), claims, demands, lawsuits, expenses (including attorney fees), and any other liability of any kind, sustained by me or others in connection with my attendance at or participation in the Game, including related transportation. This means that I will reimburse the Released Parties if anyone makes a claim against them based on damages or injuries I suffer.
- 6. NO INSURANCE: MEDICAL EXPENSES.** I understand that the Released Parties do not provide any insurance, either life, medical or liability, for any illness, accident, injury, loss, or damage that may arise in connection with my participation in or attendance at the Game. If I want insurance of any kind, I must obtain my own. I will pay my own medical emergency expenses and all subsequent medical expenses in the event of any illness, accident, or injury in connection with the Game.
- 7. VALIDITY.** If any portion of this Release and Waiver is held to be invalid or unenforceable, all other provisions shall nevertheless continue to be valid and enforceable. This Release and Waiver supersedes any oral or written statements made by or to me in connection with the Game. I understand that I cannot terminate, cancel or revoke this Release and Waiver for any reason.
- 8. GRANTING OF RIGHTS.** I further agree to grant the CUCBA or assigns, the perpetual unlimited worldwide and royalty free rights to record, reproduce, broadcast, exhibit, publish, sell, distribute or use in any way whatsoever, my name and likeness in any media, whether now known or hereafter developed, in connection with my performance and attendance at a Game including, without limitation, a videotape recording of such performance. I agree that I shall have no claim, title or interest in any materials produced hereunder.
- 9. ACKNOWLEDGEMENT.** I also further agree that this document is governed by the laws of the Province of Ontario and operates to the benefit of the Released Parties as well as their administrators, successors, assigns, and is binding on me and my administrators, successors, assigns and estate.

I, _____ **HAVE READ THIS RELEASE AND WAIVER CAREFULLY, FULLY UNDERSTAND ITS CONTENT, AND VOLUNTARILY AGREE TO ITS TERMS.**

Printed Name: _____ Signature: _____

Address: _____ Date: _____

IF THE PARTICIPANT IS A MINOR (UNDER 18 YEARS OLD), THE PARENT OR GUARDIAN SHOULD READ AND SIGN BELOW:

I am the parent or legal guardian of _____ (the "Participant").

On behalf of the Participant, myself, the Participant's parent(s) or guardian(s), heir(s), estate, insurers, assigns and anyone else who may make any claim for or on behalf of the Participant, I hereby irrevocably and unconditionally:

- 1) Agree to all of the terms of this Release and Waiver;
- 2) Agree to cause the Participant to comply with the terms of this Release and Waiver;
- 3) Agree not to take any actions that would assist or cause the Participant to invalidate, renounce, negate or revoke any part of this Waiver;
- 4) Agree to hold harmless, indemnify, and reimburse the Released Parties described above from and for any losses, damages, injuries (including death), claims, demands, lawsuits, expenses (including attorney fees), and any other liability of any kind, of or to me or any other person, directly or indirectly arising out of or in connection with any accident, loss, damage or injury (including death) arising out of the Participant's attendance at or participation in the Game, including transportation related to the Game.
- 5) Certify that the Participant is in good physical health and is able to participate in the Game.
- 6) Authorize and permit the Companies, their agents, and event personnel to administer first aid to the Participant, and to authorize such other medical treatment and transportation as may be recommended by physicians, paramedics, and other medical personnel, in the event of any illness, accident or injury to the Participant.

I, _____ **HAVE READ THIS RELEASE AND WAIVER CAREFULLY. I FULLY UNDERSTAND ITS CONTENT, AND VOLUNTARILY AGREE TO ITS TERMS.**

Printed Name: _____ Signature: _____

Address: _____ Date: _____