



Bathurst Minor Basketball Association

2019-2020 Registration Form

PLAYER INFORMATION

Player's Name: _____ Male Female
 Address: _____ City: _____
 Postal Code: _____ Parent/Guardian: _____
 Home Phone Number: _____ Work Phone Number: _____
 Medicare Number: _____ School Attending: _____
 Birth Date: ___ DAY ___ MONTH ___ YEAR E – Mail: _____

DIVISION

Jr.Puppy (2014– 2015) Mini (2008 – 2009) T-Shirt Size _____
 Puppy (2012– 2013) Bantam (2006 – 2007)
 Jr.Mini (2010– 2011) Midget/Juvenile(2002– 2005)

FEES

# of Players in family		_____
1 st . Player	\$100	_____
2 nd Player	\$60	_____
Any add. Children	\$30	_____
*There will be an additional fee of \$100 for those individuals playing for a REP team *		
<u>Total</u>		_____

OFFICE USE

Cash: _____
 Cheque: _____
 Rec'd By: _____

No Refunds after October 30th 2018

WAIVER

I hereby waive and release the Bathurst Minor Basketball Association, its agents, representatives, coaches and officials from any claim or action for any injury received by my child in coming, going, or during Association activities.

CONSENT

I hereby give permission for the Bathurst Minor Basketball Association to use photographs taken of my child during league games and practices on the Bathurst Minor Basketball website and BMB controlled social media sites. Photos, which will not identify players, will only be used to publicize basketball in the Chaleur region and will not be sold or otherwise used for any other purpose.

Date: _____ Signature of Parent/Guardian: _____