



# FMHS YOUTH BASKETBALL



## YOUTH BASKETBALL REGISTRATION FORM COMPLETE ONE FORM PER CHILD

PLEASE COMPLETE AND SUBMIT WITH PAYMENT TO FRANK MADDOCK HIGH SCHOOL by December 22nd, 2023.  
All questions and concerns can be sent to [heather.bartling@wrsd.ca](mailto:heather.bartling@wrsd.ca)

FEE: \$150.00 Non-Refundable (includes training basketball, reversible jersey) CHQ PAYABLE TO FRANK MADDOCK HIGH SCHOOL  
**\*Because this is a school offered program WRSD covers the insurance for WRSD students. Non-WRSD students will have to purchase insurance in order to participate in this program please contact [heather.bartling@wrsd.ca](mailto:heather.bartling@wrsd.ca) for more information about what is needed.**

Please circle one: Male Female T-Shirt Size (Circle One): Youth SM MED LG XL Adult SM MED LG XL

Participant's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Parent/Legal Guardian's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Does your child attend a WRSD school? Yes No Name of School? \_\_\_\_\_

### IN CASE OF EMERGENCY

Contact #1

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home #: \_\_\_\_\_

Cell #: \_\_\_\_\_

Contact #2

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home #: \_\_\_\_\_

Cell #: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

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### WAIVER OF LIABILITY RELEASE FORM

I am aware of the nature of this activity and I hereby assume responsibility and give permission for

\_\_\_\_\_  
(Participant's Name)

to participate and to be photographed for publicity purposes. I will not hold WILD ROSE SCHOOL DIVISION, FRANK MADDOCK HIGH SCHOOL, and/or its employees responsible in the case of accident or injury as a result of this participation. I understand that this complete form must be in the possession of the FMHS YOUTH BASKETBALL coordinator (Heather Bartling) prior to participation in this program.

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### FOR OFFICE USE ONLY

Amount Paid: \_\_\_\_\_ ( ) M.O. ( ) CASH ( ) CHQ # \_\_\_\_\_ Receipt# \_\_\_\_\_ Received By: \_\_\_\_\_ Date: \_\_\_\_\_