

## Strathroy Spirit Mission Statement

Our purpose is to encourage and develop basketball skills at an affordable cost to females, in both recreation and competitive leagues for Strathroy and surrounding areas.

### PROGRAM DETAILS

The Strathroy Spirit Jr. Winter League is a basketball program for girls in Grade 4 to 6.

**Dates:** Wednesdays nights from

**Time:** 6:30pm – 8:00pm

**Location:** HCC/SDCI gyms (enter through Community Entrance at back of school)

**Cost:** \$125 for 8 weeks and includes a Reversible Top and Basketball Shorts.

**Payments can be made by:**

CHEQUE:

Strathroy Spirit Basketball

e-Transfer

strathroyspirit@gmail.com

**\*\* Please include child's name in the details**

### ADDITIONAL INFORMATION

The Strathroy Spirit basketball program has run since 1992 on the dedication of volunteers from the communities of Strathroy and surrounding area. Would you like to be on the court teaching kids to dribble and shoot? Or perhaps you have interest in marketing, website upkeep, or social media? Maybe you would enjoy working behind the scenes with registration spreadsheets, or helping order t-shirts?

If you are interested in giving of your time to help continue this great program for girls in our community, we'd love to hear from you.

If you have additional questions regarding the program, please contact the club at:

[strathroyspirit@gmail.com](mailto:strathroyspirit@gmail.com)

Please complete the Registration form on page 2 and ensure the waiver is signed.

All forms, with payment (other than e-transfer), can be mailed to:

Strathroy Spirit  
c/o Tim Earley 82 Kemp Cres.  
Strathroy, ON N7G 0G3

**Catch**  
the Spirit!





# Jr WINTER Basketball League Registration 2022

## ONTARIO BASKETBALL MEMBERSHIP APPLICATION

First Name:	Middle Initial:	Last Name:
Date of Birth (mm/dd/yyyy):		Gender:
Address:	City:	Postal Code:
Home Phone: (    )		Cell Phone: (    )
Email:		
Age:	Grade:	
Shirt and Short Size (circle selections): Adult or Youth	SM MED LGR XL	SM MED LGR XL
Emergency Contact:	Primary Phone: (    )	
Medical Issues:		

## WAIVER, RELEASE & INDEMNITY-RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTIONS OF RISKS, PHOTO RELEASE & INDEMNITY

I hereby agree, in return for becoming a member of the Ontario Basketball Association (OBA):

- TO RELEASE THE OBA, event organization bodies, sanctioning bodies and OBA sponsors and their respective directors, officers, employees, agents, volunteers, contractors, representatives, successors or assigns (collectively the "Releasees") from any liability for any loss, damage, injury or expense (collectively "Loss") that I may suffer as a result of my participation in and transportation to or from any OBA program, due to any cause, including negligence or breach of contract;
- TO WAIVE ANY CLAIM that I have or may have against any or all of the Releasees regarding any matter, including without limitation, any claim arising out of any OBA program;
- TO INDEMNIFY THE RELEASEES from any and all claims, actions or Loss resulting in any way from my participation or participation of the child named below in any OBA program;
- THIS DOCUMENT SHALL bind my heirs, executors, administrators, assigns and representatives and will have effect throughout my membership in the OBA and, to the extent reasonably necessary to give it effect, thereafter;
- THAT I am (or the child named below is) physically fit to participate in any OBA programs; I am a legal guardian or custodial parent of the child named below.
- THAT the OBA is authorized to take photos of the child named below or me at its programs for publicity and promotional purposes only.
- I hereby acknowledge and agree that OBA may use and disclose the information on this form to enable OBA to provide membership benefits to all OBA members.

**I HAVE READ AND UNDERSTAND THIS AGREEMENT.** By submitting this application, I acknowledge having read, understood and agree to the above Waiver, Release and Indemnity and further agree to conduct myself in accordance with the 'Guidelines for Behaviour' at OBA Sanctioned Events, as set out on the reverse of this form.

\_\_\_\_\_  
Name of child participant

\_\_\_\_\_  
Signature (Parent/Guardian if child under 18)

\_\_\_\_\_  
Date