

TORONTO HOOPSTARS SPRING 2020 REGISTRATION FORM

PARTICIPANT INFORMATION	
Name	
Date of Birth	
Address	
Health/Nutrition/Allergy/Concerns	
PARENT/LEGAL GUARDIAN INFORMATION	
Name	
Email	
Phone Number	
EMERGENCY CONTACT INFORMATION	
Name	
Email	
Phone Number	
SESSION INFORMATION	
Circle session(s): 1) Mondays Mar 23 - Jun 8 (6:00 - 7:30pm) 6-10 years old (No classes on Apr 13 and May 18) 2) Wednesdays Mar 25 - May 27 (6:00 - 7:30pm) 6-10 years old 3) Wednesdays Mar 25 - May 27 (7:30 - 9:00pm) 10-14 years old 4) Fridays Mar 27 - Jun 5 (6:00 - 7:30pm) 6-10 years old (No classes on Apr 10) 5) Fridays Mar 27 - Jun 5 (7:30 - 9:00pm) 10-14 years old (No classes on Apr 10)	
Circle t-shirt size: Youth: XS / S / M / L / XL Adult: XS / S / M / L / XL / 2XL / 3XL / 4XL Ladies: XS / S / M / L / XL / 2XL / 3XL / 4XL	Circle t-shirt colour: 1) White 2) Silver 3) Charcoal Grey 4) Carolina Blue 5) Royal Blue 6) Navy Blue 7) Black 8) Extreme Yellow 9) Gold 10) Purple 11) Lime Green 12) Kelly Green 13) Extreme Orange 14) Deep Orange 15) Extreme Pink 16) Forest Green 17) Maroon 18) Red
\$290 plus HST (\$327.70) per session. Sibling discount applies to 2 siblings or more (\$20 off per child) \$270 plus HST (\$305.10) INTERAC e-Transfer can be sent to info@torontohoopstars.com using password HOOPSTARS. Cheque can be made payable to Toronto Hoopstars Basketball Club (contact info@torontohoopstars.com for cheque mailing instructions).	

****REGISTRATION IS CONFIRMED UPON RECEIPT OF FULL PAYMENT****
*****REFUND (MINUS \$30 ADMINISTRATION FEE) AVAILABLE IF WRITTEN NOTICE IS SUBMITTED TO**
INFO@TORONTOHOOPSTARS.COM A MINIMUM OF 7 DAYS PRIOR TO THE START OF SELECTED SESSION.
NO REFUND AVAILABLE WITHIN 6 DAYS OF START OF SESSION***

Medical Waiver:

I advise that to the best of my knowledge, my child is in good health and is physically capable to participate in the Basketball Training Program offered by Toronto Hoopstars Basketball Club. In case of any emergency where we are not available for consultation, I hereby authorize Toronto Hoopstars Basketball Club to take whatever actions are deemed necessary for the safety and health of my child and give permission to the physician selected by Toronto Hoopstars Basketball Club to hospitalize and secure proper treatment including and not limited to injections, anesthetic and/or surgery. I have disclosed all pertinent medical information regarding my child and understand that my child's medical information may be shared with appropriate staff on an as needed basis.

Photo Release And Indemnity:

I authorize Toronto Hoopstars Basketball Club to take photos of my child during its training sessions to use for publicity and promotional purposes only (e.g. Toronto Hoopstars website, Instagram, Facebook).

Please circle YES or NO

By signing below, I acknowledge that I have read, understand, and accept all that is described on the medical waiver, photo release, and refund policy.

Print Name: _____

Signature: _____

Date: _____