

## 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 House League is a basketball development program for girls in Grade 3 to 8.

**Dates:** Wednesdays nights (Sept 25 - Nov 13, 2024)

**Time:** 6:00pm – 7:30pm

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

**Cost:** \$120 for 8 weeks and includes a Spirit Reversible Jersey.

**Payments can be made by:**

**Cheque:**

Strathroy Spirit Basketball

**e-Transfer:**

strathroyspirit@gmail.com

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

### ADDITIONAL INFORMATION

**New this year:** Parents are asked not to stay in the gym unless they are volunteering for one of the support positions. This is now a drop off/pick up program.

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 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 fill out the House League Registration form and submit payment to complete the registration process and secure your spot. Email completed forms and payment to:

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

Alternatively, forms and cheques can be mailed or dropped off to:

Strathroy Spirit  
c/o Ian Woods  
40 Hoefnagel Cres  
Strathroy, Ont N7G 3H7

**Catch**  
the Spirit!





# House League Registration

## ONTARIO BASKETBALL MEMBERSHIP APPLICATION

First Name:	Last Name:		
Date of Birth (mm/dd/yyyy):	Gender:		
Age:	Grade:		
Address:	City:	Postal Code:	
Home Phone: (    )	Cell Phone: (    )		
Email:			
Emergency Contact:	Emergency Phone: (    )		
Medical Conditions:			
Please select either a shirt or shorts** (not both) :			
Shirt Size (circle selections): Adult or Youth	SM	MED	LG XL
Shorts Size (circle selection): Adult or Youth	SM	MED	LG XL

**\*\*Note:** Returning players who already have a reversible jersey that fits have the option to select a pair of shorts instead. All players must have a Strathroy Spirit issued reversible jersey. **If this is your first year you must select a jersey.**

## 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