



# JR WINTER LEAGUE REGISTRATION 2019

## ONTARIO BASKETBALL MEMBERSHIP APPLICATION

First Name:	Middle Initial:	Last Name:
Date of Birth (mm/dd/yyyy):		Gender:
Age:		Grade:
Address:	City:	Postal Code:
Home Phone: (    )	Cell Phone: (    )	
Email:		

Reversible Jersey Size:	Adult or Youth	SM	MED	LG	XL
Hoodie Sweatshirt Size:	Adult or Youth	SM	MED	LG	XL
Short Size:	Adult or Youth	SM	MED	LG	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