



"Achieve gold standard with us"

**2023 Spring/Summer AAU Travel Team Registration Form
(F.O.R.M. West)**

PLAYER INFORMATION

PLAYER FIRST NAME: _____ **PLAYER LAST NAME:** _____

GENDER: _____ (M/F) **DATE OF BIRTH:** ___/___/_____ (mm/dd/yyyy)

SCHOOL: _____ **CURRENT GRADE:** _____ (Grade as of Jan. 1, 2023)

HEIGHT: _____ (Eg: 6'3") **WEIGHT:** _____ lbs **POSITION:** _____ (Eg: G, F, W)

PREVIOUS AAU/REP TEAM: _____ (if none, put N/A)

UNDER ARMOUR LIMITED EDITION GEAR

SHIRT SIZE: S M L XL 2XL (choose 1) **SHORTS SIZE:** S M L XL 2XL (choose 1)

PLAYER EMAIL ADDRESS: _____

PLAYER CELL NUMBER: _____ Eg: (778) 888-9900

HOW DID YOU HEAR ABOUT F.O.R.M.? _____ (please specify)

AAU TRAVEL TEAM ID SESSIONS

Participants from these ID sessions will be selected for our AAU spring/summer travel teams – U.S. & Canadian tournaments

ID SESSIONS: #1 & #2 Unsure

~ Celebrating 5-years ~

F.O.R.M. Basketball Academy (West)
Vancouver, British Columbia
www.formbasketball.com

Instagram: @f.o.r.m._basketball

Twitter: @FORMBasketball

Facebook: www.facebook.com/formbasketball

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Spring/Summer AAU ID Session Location:

British Columbia Institute of Technology
Recreation Services Building - SE 16
3700 Willingdon Ave.,
Burnaby, BC

**** Following the selection of the team, there will be a mandatory player & parent meeting on
Thursday March 2, 2023 @7:00 pm PST ****

ID Session	Date	Time	Location	Additional Info
#1	Sun. Feb. 19 th	10:30 am – 12:30 pm	BCIT	Arrive by 10:15 am
#2	Sun. Feb. 26 th	10:30 am – 12:30 pm	BCIT	Arrive by 10:15 am
#3 (if necc.)	TBA	TBA	TBA	
Training Camp #1	Sun. Mar. 5 th	TBA	TBA	Info given at parent/player meeting

PARENT/LEGAL GUARDIAN CONTACT & CONSENT

PARENT/LEGAL GUARDIAN FIRST NAME: _____

PARENT/LEGAL GUARDIAN LAST NAME: _____

RELATIONSHIP TO PLAYER: Mother Father Grandparent Aunt Uncle Legal Guardian

HOME MAILING ADDRESS: _____ (Street No. & Name)

_____ (Unit No. – if applicable) _____ (City)

_____ (Province/State) _____ (Postal Code/Zip Code)

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PARENT/GUARDIAN CELL NUMBER: _____ Eg: (778) 888-9900

ALTERNATE PHONE NUMBER: _____

PARENT/GUARDIAN EMAIL ADDRESS: _____

EMERGENCY CONTACT FIRST NAME: _____

EMERGENCY CONTACT LAST NAME: _____

EMERGENCY CONTACT PHONE #: _____

CITIZENSHIP: – Yes, my child is a Canadian Citizen – No, my child is not a Canadian Citizen

VALID PASSPORT: – Yes, my child has a valid Passport
 – No, my child does not have a valid Passport

PLEASE SPECIFY COUNTRY OF VALID PASSPORT: _____ (Eg: Canadian)

DOES YOUR CHILD SUFFER FROM ANY MEDICAL CONDITIONS AND/OR ALLERGIES? IF SO, PLEASE LIST:

WAIVER OF RELEASE & DECLARATION:

Parent/Legal Guardian Waiver & Declaration:

I, hereby consent as the parent/legal guardian of the above player, to participate in any and all F.O.R.M. Basketball Academy (FBA) events, activities, training sessions or practices. I understand that during the course of training, injuries and/or illness (eg: flu, cough, virus - COVID-19) of any

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kind may occur, unexpectedly. I am aware of this and accept any and all responsibilities/liabilities; therefore releasing F.O.R.M. Basketball Academy, its Coaches/Staff and entities from any and all responsibility. I hereby also give my consent for the player's picture(s) or likeness (with no monetary value and/or awarding) to be included in any photographs, marketing or promotional material that will enhance the profile of both the player and of F.O.R.M. Basketball Academy (FBA).

Player Waiver & Declaration:

As the above player, I consent to be a participant in any and all F.O.R.M. Basketball Academy (FBA) events, activities, training sessions or practices. I understand that during the course of training, injuries and/or illness (eg: flu, cough, virus - COVID-19) of any kind may occur, unexpectedly. I am aware of this and accept all responsibilities/liabilities; therefore releasing F.O.R.M. Basketball Academy (FBA), its Coaches/Staff and entities from any and all responsibility. As was consented above by my Parent and/or Legal Guardian, I permit my picture(s) or likeness (with no monetary value and/or awarding) to be included in any photographs, marketing or promotional material that will enhance my profile as a player and of F.O.R.M. Basketball Academy (FBA).

Parent/Legal Guardian Signature required below for players under 18

WAIVER OF RELEASE/DECLARATION: (Must select)

I have read, understood and agree to the above Waive of Release/Declaration

HAVE YOU REVIEWD OUR COVID-19 SAFETY MEASURES? (Must select)

<https://formbasketball.com/covid-safety-measures> Yes

PLAYER DESIGNATION (ID sessions, ONLY): Returning Player New Player

Note: to select "returning" you MUST be currently enrolled in our Training Academy or played with us last season

PAYMENT METHOD (choose 1, ONLY):

Via Credit Card

Via Visa/MasterCard Debit

Via E-transfer

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For credit card or Visa/MasterCard Debit methods of payment, please see attached Credit Card Authorization form on page 6

E-TRANSFER INSTRUCTIONS:

Email: payments@formbasketball.com

Message Line: your child's full name + F.O.R.M. (West)

Note: if payment is not received within 2 hours of registration, your registration will be voided

****COMPLETED REGISTRATION FORMS ARE TO BE SENT BACK TO
payments@formbasketball.com****

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-Credit Card Authorization Form-

Section A: Payment via Credit Card

Please complete all fields. You may cancel this authorization at any time by contacting us. This form/authorization will remain in effect until cancelled.

Credit Card Information	
Credit Card Type:	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Other (please specify): _____
Cardholder Name (as shown on card):	_____
Card Number (print – legibly or type):	_____
Expiration Date (mm/yy):	____ / ____ CVV: _____
Cardholder Postal Code (from credit card billing address):	_____

I, _____ (print – legibly or type full name), authorize **F.O.R.M. Basketball Academy**, to charge my credit card above for agreed upon purchase(s). I understand that my information will be saved to file for future transactions on my account.

Customer/Client Signature

Date (mm/dd/yyyy)

F.O.R.M. Basketball Academy
"Achieve the gold with us"
211-1717 W. 13th Ave.
Vancouver, BC V6J 2H2
Canada
www.formbasketball.com

Note: An additional 3.5% charge is added to all credit card transactions.

A tax receipt will be issued by request and sent via email
NSF/returned payments will be subject to a **\$50.00 fee**

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