EDMONTON PRO-AM BASKETBALL 2020 FALL SEASON - YOUTH REGISTRATION FORM



ayer's Name	Age Da	ate of Birth	(month/day/year)
ddress	Phone	Email	
arent's Name (First)	(Last)		
mergency Contact Name/Phone Number	r/Relationship to Individua	I	
chool Name		Where did you hear about	us?
elect Age Group – 10 Sessions Program			
☐ Grassroots (Kindergarten – G	•		
☐ Mites (Gr 4 – Gr 6) - \$195 (Re☐ \$25 Discount - Returning Play	-	ame/week)	
323 Discount - Neturning Flay	yers of Additional Sibilings		
ayment Method			
Website(PayPal or Credit Ca	ard)E-Transfer (<u>p</u> i	roambasketball@gmail.com	
Starts in September 2020. 10 Session	s. Schedule will be announ	ced by August 30, 2020 .	
**Changes may occur due to stat holi	idays, gym bookings conflic	t and school cancellations.	
Submit registration to <u>proambasketba</u> 2020 (Limited Spots Available)	all@gmail.com or register o	on <u>www.edmontonproambasketba</u>	II.com by August 30,
Email us for more info			
**Volunteer Opportunities			
Edmonton Pro-Am Basketball is alway Become a member of our team, and he referees and more. Training will be p	nelp our cause. Positions av		
Yes, sign me up as a voluntee	er Position: _		
Waiver and Release of Liability and R In registering for the Edmonton Pro-Am Youth programs' activities, be it on or off the court or our website and marketing materials. I agree to promoters, facilities and all other persons or e claims or causes of action whatsoever, for any able to participate in the activities of the Edmon	Basketball, I understand and ack or gym. My Images and likeness w to release and hold harmless the I entities associated with the Edmon loss or injury suffered by me or r	ill be used on social media, team pics and for Edmonton Pro-Am Youth Basketball, its' spo nton Pro-Am Youth Basketball from any and my children. I verify that I am or my son/da	or promotional purposes on onsors, organizers, d all injury or damage, for any ughter is physically fit to be
Parent may opt to withdraw their child 14 days operational fee). No Credit will be issued if wit started. Withdrawal requests should be sent to inclement weather or school facility cancellation	hdrawal request is made with les o proambasketball@gmail.com. N	s than 14 days prior to the start date or if t	he program has already
In signing below each person verifies to have r its terms and conditions.	ead, understand and agree to ab	ide to the Waiver and Release of Liability ar	nd Refund Policy above and
Parent's/Guardian's Signature		 Date	