



# PARTICIPANT REGISTRATION FORM

## PARTICIPANT INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: ☐ Male ☐ Female

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Shirt Size: Youth: ☐ S ☐ M ☐ L ☐ XL  
Adult: ☐ XS ☐ S ☐ M

Please note any medical conditions Ayr Eagles Basketball should be aware of:

## PARENT/GUARDIAN INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

By registering with Ayr Eagles Basketball and providing personal information of yourself or your child/ward, you are hereby authorizing Ayr Eagles Basketball to collect, store, share, and use that information to get incontact with you about your child/ward about information regarding your child and Ayr Eagles Basketball.

### Waiver & Release of Liability

In consideration of being permitted to participate in Ayr Eagles Basketball programming and related activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury from activities involved in Ayr Eagles Basketball is significant, and while rules, equipment, and personal discipline may reduce this risk, the risk does exist;
2. I knowingly and freely assume that all such risks, known and unknown, even if arising from the negligence of Ayr Eagles Basketball, referees, volunteers, and/or employees, players, sponsors, advertisers, and if applicable, owners/lessors of premises used, and any related events and/or activities (the releasee(s)), and assume full responsibility for my participation;
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately;
4. I, for myself and on behalf of my heirs, assigns, personal representatives, and next of kin, hereby release and hold harmless the releases, with respect to any and all injury, disability, loss or damage to person or property, whether caused by the negligence of the releasee(s) or otherwise.

This is to certify that I, as parent/guardian with legal responsibility for this participant, consent and agree to his/her release as provided by all of releasee(s), and for myself, my heirs, assigns, and next of kin, I have read this waiver and release of liability. I fully understand its terms and agree to indemnify the releasee(s) from any and all liabilities to my minor child's involvement or participation in the program as provided above. Also, I confirm that the above information is true and correct to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SUBMIT BY EMAIL**