



10th Annual

Aboriginal Youth Hoops Tournament

3 on 3 basketball tournament | Saturday, June 20, 2015

Aboriginal youth ages 16–30Y | **Registration deadline: June 12, 2015**

Registration Form

To submit completed forms or to volunteer: Contact the YMCA Aboriginal Active Life Coordinator
Tel: 403-537-1723 Fax: 403.508.2629 E-mail: sbrown@calgary.ymca.ca

Terms and Conditions of Registration. Every player must read and agree to the following:

- I am aware that as a participant registered for the Youth Hoops tournament, I assume all the risks in regard to the activities in the program/event and agree that YMCA Calgary, including its employees, and program participants, are not liable for any injuries or property damage resulting from participation in the program/event.
- I agree to grant permission in the case of accident or illness, that emergency care be given, including emergency transportation (if necessary in the staff's judgement) at my own expense.
- I give my permission for YMCA Calgary to use any photographs, video taped footage, or audio recordings of myself that were taken at the tournament. I understand that it could be used on YMCA Calgary promotional and/or educational use.

Team Information

Please note: One player must be of the opposite sex

TEAM NAME: _____

PLAYER 1 | TEAM CAPTAIN

name _____ sex _____ date of birth (Y/M/D) _____

email _____ phone _____

address _____ city _____ province _____ postal code _____

emergency contact name _____ phone _____ relationship _____

Do you have any medical concerns that we should know about? _____

I have read and agree to the Terms and Conditions: _____
Signature

Please see reverse -->



PLAYER 2

name _____ sex _____ date of birth (Y/M/D) _____

email _____ phone _____

address _____ city _____ province _____ postal code _____

emergency contact name _____ phone _____ relationship _____

Do you have any medical concerns that we should know about?

I have read and agree to the Terms and Conditions: _____
Signature _____

PLAYER 3

name _____ sex _____ date of birth (Y/M/D) _____

email _____ phone _____

address _____ city _____ province _____ postal code _____

emergency contact name _____ phone _____ relationship _____

Do you have any medical concerns that we should know about?

I have read and agree to the Terms and Conditions: _____
Signature _____

PLAYER 4 sub only

name _____ sex _____ date of birth (Y/M/D) _____

email _____ phone _____

address _____ city _____ province _____ postal code _____

emergency contact name _____ phone _____ relationship _____

Do you have any medical concerns that we should know about?

I have read and agree to the Terms and Conditions: _____
Signature _____

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