

SABL 2020 Athlete Application Form



The Salvation Army Basketball League

The Salvation Army 15338 Leslie St. Aurora L4G 7C4
Phone: 905-895-6276 ext. 207 – matt.delaney@northridgesa.com

Enrollment in the Salvation Army Basketball League will not be complete without signature by parent(s) / guardians(s) of the AUTHORIZED, RELEASE & ACKNOWLEDGEMENT on the understood waiver of this application form.

GRADES 6 - 8 ~ REGISTRATION COST \$80

Athlete Information

Last Name: _____ First Name: _____
Birthdate: _____ Male / Female: _____

Are there any medical conditions or special medications that we should be aware of? (Example: epilepsy, diabetes, allergies, drug reactions, disabilities, medications, etc. Please specify if the athlete has a life threatening allergy and if an epipen is required)

Health Card Number: _____

Playing Experience:

- | | |
|---------------------------------------|-----------------------------------|
| <input type="radio"/> None | <input type="radio"/> School Team |
| <input type="radio"/> Beginner | <input type="radio"/> Rep Team |
| <input type="radio"/> Recreation Play | <input type="radio"/> Other |

Family Information:

Primary Caregiver:

Last Name: _____
First Name: _____
Home Telephone: _____
Bus. # _____
Cell # _____
Email: _____

Secondary Caregiver:

Last Name: _____
First Name: _____
Home Telephone: _____
Bus. # _____
Cell # _____
Email: _____

Please Note that the above people listed are the only person/s qualified for pick up of Athlete at the end of program time.

Mailing Address of Family:

Street: _____ City: _____
Province: _____ Postal Code: _____

*** Would you like to receive special event information from The Salvation Army about upcoming events / camps etc. that pertain to your Child's Age Group? _____ How would like to receive this info?**
Email _____ Mail _____

Emergency Contact Person if Parents Cannot be Reached

Name: _____ Relationship to Athlete: _____ Tel: _____
Name: _____ Relationship to Athlete: _____ Tel: _____

Medical Treatment/Emergency

(The Parent/s Caregiver/s undersigned) authorize(ss) Staff of the Salvation Army Basketball League, in the event of an emergency to use its reasonable discretion, on behalf of the undersigned, the undersigned's child(ren) or associated spectator(s) participating in or attending The Salvation Army Basketball League current or future programs, in rendering first aid treatment and/or arranging for emergency medical care (including hospitalization), at the expense of the undersigned; I understand that The Salvation Army Basketball League will take every reasonable step to ensure the health and safety of its athletes, and that basketball is a demanding physical sport in which injuries might reasonably occur.

Publicity

The Parent(s) or primary Caregiver(s) consents to the use by The Salvation Army League of each athlete's likeness for publicity / promotional purposes.

Waiver:

We acknowledge that basketball is a sport that involves risk to the participant and spectators. We acknowledge this risk and agree that we will not hold harmless the operators, executive members, coaches, assistants, referees and agents of the Salvation Army Basketball League for and all claims for: property damage or personal injury of any nature including bodily or mental injury; derivative claims such as claims for loss of care, guidance or companionship; or death that may arise from any wrongful act, error, omission, accident or mishap which may be caused in whole or in part or arise from participation in league games or other activities or functions.

Parent / Primary Caregiver Printed Name:

Parent / Primary Caregiver Signature:

Date:

JERSEY INFORMATION

Youth L _____ Youth XL _____

TEAR OFF BOTTOM FOR YOUR REMINDER



This day is a special registration day and draft day. In effort to get to know one another and see our home gym we would ask that you make this time (9am-10am) a priority. During this time we are having all participants run through some drills, get to know the coaches and those who are running the league. We welcome any questions concerns or if you wish offer to help this league be the greatest it can be for your and your kids. This is our first go round of the SABL in North York Region and we are anticipating a great year.

LEAGUE STARTS MARCH 7th 2020, 11:00am
This is our Last Registration and Evaluation Day