



# Peterborough **POWER**

## Rep Program Registration Form 2015-16

### Participant Information (Please print clearly)

Full Name \_\_\_\_\_ Gender M F

Shirt Size (Please circle) Youth Men Women S M L XL 2XL

Short Size (Please circle) Youth Men Women S M L XL 2XL

Date of Birth \_\_\_\_\_ (Day,Month,Year) Grade \_\_\_\_\_

Email Address \_\_\_\_\_

Home Address \_\_\_\_\_

Postal Code \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

Please list any medical conditions that we should be aware of: \_\_\_\_\_

Did you play for any Basketball Ontario organization 2014-15? Yes / No

If yes, please state the organization: \_\_\_\_\_

Player Signature \_\_\_\_\_ Date \_\_\_\_\_

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### Parent/ Guardian Information

Full Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address (if different from Player) \_\_\_\_\_ This is to certify that I, as parent/ guardian with legal responsibility for this participant, do consent and agree to release Peterborough Youth Basketball Association, its volunteers, associates and other participants from any and all liabilities incident to my minor child's involvement or participation in the basketball program as provided. I hereby acknowledge having read and agree to be bound by the PYBA "Playing Up Policy" which is on the back of this form.

\_\_\_\_\_ I have included the \$10.00 Try-out Fee Parent/Guardian's Signature

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