

Crunch Time Basketball / SKILLS TRAINING / CAMPS / 3 V 3 LEAGUE

Participant Waiver / Registration Form

Participant Information:

- Full Name: _____
- Date of Birth: _____
- Address: _____
- Email Address: _____
- Phone Number: _____
- Emergency Contact Name: _____
- Emergency Contact Phone Number: _____

Program Details:

I, _____ [Participant's Name], will attend/register the Crunch Time Basketball Skills Training Clinics / Camps / 3 v 3 League Program. I agree to participate to the best of my ability.

Waiver and Release of Liability:

I acknowledge the inherent risks involved and release Crunch Time Basketball from liability for any injuries sustained during the program.

Medical Authorization:

I authorize Crunch Time Basketball to obtain medical treatment for the participant if necessary.

Photography and Video Release:

I grant Crunch Time Basketball permission to use photographs and recordings of the participant for promotional purposes.

Participant: Print: _____ **Signature:** _____ **Date:** _____

Parent/Guardian: Print _____ **Signature:** _____ **Date:** _____

(if participant is under 18 years of age):

I consent to my child's participation and agree to the terms stated above.

Parent/Guardian's Signature: _____ **Date:** _____

Please return this form before participation. Contact us at **416-7985-5986** for any inquiries.