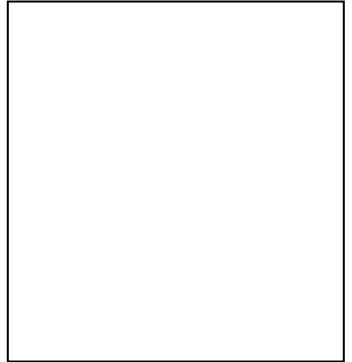




Filipino Basketball Association of Durham



Passport Size Photo

Registration & Waiver Form

PERSONAL INFORMATION:

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FULL NAME: (Last) (First) (Middle)

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Street Address **City** **Postal Code**

Date of Birth (MMDDYYYY):		Place of Birth:	
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Home No.:		Cell No.:	
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OHIP No.:		E-Mail:	
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School:		Grade:	
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Club/Team:		Division:	
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Parent's / Guardian's Full Name:		Cell No.:	
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(For under 18 years old participant only)

E-mail:		Home No.:	
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*In consideration of acceptance for playing in the **FILIPINO BASKETBALL ASSOCIATION OF DURHAM** tournament/events and intending to be legally bound, I do hereby for myself, my heirs, administrators, representatives and assignees, waive and forever release **FILIPINO BASKETBALL ASSOCIATION OF DURHAM** and all its officials, organizers, volunteers and members from any claims for damages or personal injury arising from such participation and use of **FILIPINO BASKETBALL ASSOCIATION OF DURHAM** facilities and equipments during the said tournament/events. I accept full responsibility for all damages and loss of my personal property and effects. In the event of injury, I do give my permission and consent to authorize first aid/medical/hospital care as deemed appropriate; I consent to take video/photographs of my child and also grant permission for these video/ photographs to be released to media. I have read and fully understand and agree to the above waiver. I promise to comply with all the rules and regulations of the tournament, doing otherwise, will subject myself and/or my underage siblings to terminate participation to the said event. As a player or parent/guardian of a minor participant, I/We fully read and understand the full release of waiver to **FILIPINO BASKETBALL ASSOCIATION OF DURHAM** and all its organizers.*

_____ (Please initial) I consent to the use of my email for marketing purposes

Participant's Signature: _____ **Date:** _____

Parent's/Guardian Signature: _____ **Date:** _____
(If under 18 years old)