

STUDENT INFORMATION

Last Name:	First Name:	Date of Birth: (YYYY / MM / DD)
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Email:	Phone#

PARENT/GUARDIAN INFORMATION

Last Name:	First Name:	Relationship to child:
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CONSENT FOR USE OF PERSONAL INFORMATION

I, the parent/guardian of the participant, authorize the Miracle Youth Basketball Club to collect and use personal information about my child for the purpose of receiving communications from the Miracle Youth Basketball Club. I understand that I may withdraw such consent related to collection and disclosure of my child's personal at any time by contacting the Miracle Youth Basketball Club at youth@wtcanada.org OR yorkwoods.fs@gmail.com.

We do not sell or distribute your personal information to any third party not listed herein.

Signature of Parent or Legal Guardian: _____ Date: _____

ATTENDANCE POLICY (UPDATED)

I, the parent/guardian of the participant, understand that:

1. They are to let WeTogether know in case the participants cannot attend the sessions.
2. The notice should be given via email (youth@wtcanada.org) 24 hours prior to the session.
3. Three unnotified absences will result in the participant forfeiting the right to participate for the season.

ACCEPTANCE OF TERMS AND CONDITIONS

In consideration of the acceptance of my child's membership in Miracle Youth Basketball Club, I the parent/guardian, agree as follows:

1. I understand that Miracle Youth Basketball Club is a recreational and Christian faith-based program;
2. I have reviewed the Miracle Youth Basketball Club's Participant Waiver and Release of Liability Agreement and I agree to all of the terms and conditions.
3. I am aware of the Miracle Youth Basketball Club's bylaws, policies, rules, and regulations and agree to abide by them and to be bound by them.
4. I accept sole responsibility for my child's personal possessions and athletic equipment.
5. I accept all liability for any damage to the playing equipment caused by my child's carelessness, negligence, and/or improper handling.

By signing and dating below, you agree that you are the parent/guardian of the player being registered and to be bound by this legal agreement even if you have not read the agreement.

 Signature of the Parent/Guardian Date

CLUB USE ONLY

Note:	Staff Signature:
*CASH /CHEQUE (payable to SEA MISSION INC) *CAD \$	Date:

- UNIFORM:** Full Uniform(Jersey and Shorts) included
- RULE:** Please time management and Bring your own Shoes and water bottle / * Over 4 times absent automatically out

MIRACLE Youth Basketball CLUB

Acknowledgment, Release, and Waiver Form

In CONSIDERATION of allowing my minor child, _____ (“the Participant”), to participate in MIRACLE Youth Basketball CLUB’s activities, the undersigned acknowledges, appreciates, and agrees that:

1. I am the parent/guardian of the above-named Participant having full legal responsibility for decisions regarding the above-named Participant;
2. I believe that my child is physically, emotionally, and mentally able to participate in the programs, activities, and events of the MIRACLE Youth Basketball CLUB;
3. I hereby acknowledge that I am aware of the risks and hazards associated with or related to basketball. The risks and hazards include, but are not limited to injuries from:
 - A. Executing strenuous demanding physical techniques in soccer;
 - B. Dryland training including weights, running, and massage;
 - C. Grass, turf, and other surfaces including bacterial infections and rashes;
 - D. Falls to the ground due to uneven or irregular terrain or surfaces;
 - E. Collisions with walls and basketball equipment;
 - F. Failure to properly use any piece of equipment or from the mechanical failure of any piece of equipment;
 - G. Extreme weather conditions which may result in heatstroke, sunstroke, or hypothermia;
 - H. Contact, colliding, or being struck by other participants, spectators, equipment, or vehicles;
 - I. Vigorous physical exertion and strenuous cardiovascular workouts;
 - J. Exerting and stretching various muscle groups; and
 - K. Travel to and from competitive events and associated non-competitive events which are an integral part of the organization’s activities.
4. Furthermore, I am aware that my child may:
 - A. Sustain injuries in soccer that can be severe, cause spinal cord injuries, paralysis, and even be fatal;
 - B. Experience anxiety while challenging himself/herself during the activities, events, and programs;
 - C. Come into close contact with other participants, including the possibility of accidental and unexpected contact;
 - D. Risk of injury is reduced if he/she follows all rules established for participation; and
 - E. Risk of injury increases as he/she becomes fatigued.
5. Therefore, I:
 - A. Assume all risks arising out of, associated with, or related to my child’s participation;
 - B. Am solely responsible for any injury, loss, or damage that my child might sustain while participating; and
 - C. Release the Miracle Junior Club and WeTogether & The Salvation Army Yorkwoods Community Church (“the Organization”) from liability for any and all claims, demands, actions, and costs that might arise out of my child’s participation, even though such risks, injuries, loss, damage, claims, demands, actions or costs may have been caused by the negligence of the Organization.

I UNDERSTAND AND AGREE, on behalf of myself, my heirs, assigns, personal representatives, and next of kin that my signing of this document constitutes:

6. I am registering my child willingly and my child is participating voluntarily in these activities, events, and programs;
7. I agree that there are risks in soccer as described above and my child will be exposed to these risks and hazards;
8. I agree to accept all these risks and hazards and be responsible for any injury or other loss which my minor child might receive while participating in these events, activities, and programs. If however, I observe any unusual significant hazard during my presence or participation, I will remove my child/myself from participation and bring such to the attention of the nearest official immediately;
9. If something happens to my child, I release the organizers of responsibility for any claims, demands, actions, and costs which might arise out of my child’s participation. I understand “Organizers” to mean: the Miracle Junior Soccer Club. and their directors, officers, members, employees, volunteers, officials, participants, clubs, agents, sponsors, owners/operators of facilities, and representatives.

Photography Release for Minor Child: I hereby authorize the Organization, to publish photographs taken during games /practices or any other activity associated with the Organization of myself and/or the minor child listed above and our names and likenesses, for use in the Miracle Youth Basketball Club’s print, online and video-based marketing materials, as well as other publications of the Organization.

- A. I hereby release and hold harmless the Organization any reasonable expectation of privacy or confidentiality for myself and for the minor child associated with the images specified above. Further, I attest that I am the parent or legal guardian of the child or children listed above and that I have full authority to consent and authorize the Organization to use their likenesses and names.
- B. I further acknowledge that participation is voluntary and that neither I nor the minor child will receive financial compensation of any type associated with the taking or publication of these photographs or participation in company marketing materials or other Company publications. I acknowledge and agree that the publication of said photos confers no rights of ownership or royalties whatsoever.
- C. I hereby release the Organization, its contractors, its employees, and any third parties involved in the creation or publication of the Organization’s publication from liability for any claims by me or any third party in connection with my participation or the participation of the minor child listed above.

I HAVE READ THIS ACKNOWLEDGEMENT, RELEASE AND WAIVER FORM CAREFULLY. I FULLY UNDERSTAND ITS CONTENT AND VOLUNTARILY AGREE TO ITS TERMS. BY SIGNING THIS RELEASE AND WAIVER, I UNDERSTAND THAT I, ON BEHALF OF MYSELF AND THE PARTICIPANT, AM GIVING UP CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE.

Print name of the Parent/Guardian

Signature of the Parent/Guardian

Date