

**Mississauga Wolverines Basketball Association Inc.**

**Phone:** 905-569-MWBA(6922) **Fax:** 905-569-6929 **Website:** www.mississaugawolverines.com

**2007-2008 PLAYER REGISTRATION FORM**

Use one form for each applicant

New  Returning  Years of experience: \_\_\_\_\_ Male  Female

Name: \_\_\_\_\_  
(Last Name) (First Name)

Address: \_\_\_\_\_  
(Number) (Street) (Apt/Unit)

\_\_\_\_\_  
(City) (Postal Code)

Home Telephone No: \_\_\_\_\_ Cell Phone No: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Contact No: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Contact No: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Email: \_\_\_\_\_  
(Year) (Month) (Day)

Medical Concerns: None  or \_\_\_\_\_

**THE PARTICIPANT IS RESPONSIBLE FOR HIS OR HER OWN MEDICAL COVERAGE**

I hereby promise to obey all rules, regulations and code of conduct of Mississauga Wolverines Basketball Association Inc. (Wolverines). I am an amateur in good standing and will not play for any other team in this or any other league without written authorization from the Wolverines executive. The Wolverines will not be liable for any injuries received while playing or for loss of or damage to equipment.

**NO CLAIM** - I hereby agree that I shall make no claim and bring no action, suit or proceeding for any and all damages, losses, liabilities or cost in any manner suffered or incurred as a result of my participating in the activities for which I have registered herein, and I hereby release the Wolverines and their administration, the City of Mississauga and the owner/occupier of the facility in which I participate from any and all damages, losses, liabilities, or costs in this regard.

**PHOTO RELEASE AND INDEMNITY** - The Wolverines are authorized to take photos of my child or me at its programs for publicity and promotional purposes only. I hereby acknowledge and agree that the Wolverines may use and disclose the information of this form to enable the Wolverines to provide membership benefits to all Wolverine members.

**REFUND POLICY** - Refunds must be requested no later than two weeks after the start of session. The refund will only be issued upon receipt of completed refund application form obtained from the Wolverines office. The amount of refund will be the session fee less a \$20 administration charge.

**DECLARATION OF RESIDENCY** - The player/parent acknowledges by his/her signature that he/she is a resident of Mississauga. If the player is not resident then he/she must fill out a non-residency form at registration.

\_\_\_\_\_  
**(Parent/Guardian Signature) (Player Signature) Date Signed**

Cost: \$ \_\_\_\_\_ Method of Payment: (by mail) Cheque:

Payment at the Wolverines registration: Cash:  Cheque:  \_\_\_\_\_  
Payment Received by

House league sessions start after Thanksgiving and ends before March break with a break for the Christmas Holidays and New Years. Sessions may run approximately 20 weeks. Although the Wolverines will do what it can to ensure the dates and times of the sessions are not changed, participants acknowledge and agree that they may change without notice, including because of matters beyond the Wolverines' control.