

KENSINGTON & AREA MINOR BASKETBALL ASSOCIATION

2011-2012 REGISTRATION FORM

Individual Membership: Athlete Coach Volunteer

GENERAL INFORMATION

Name: _____
Last First Initial

Permanent Address: _____ City: _____

Postal Code: _____ Birth date: ____ / ____ / ____ Gender: Male Female
dd mm yy

Present Grade: _____ Email Address: _____
(please list an email address that will be checked often)

Parent /Guardian Name(s): _____

Tel (h): _____ Tel (c): _____ Tel (w): _____

Allergies / Medical Problems: Yes No If Yes, Please Explain: _____

Emergency contact: _____ Tel: _____

AGE DIVISIONS

Little Tykes (ages 4&5) \$35 _____ Small Ball (gr 1&2) \$80 _____ Junior Mini (gr 3&4) \$80 _____

Mini (gr 5&6) \$80 _____ Bantam (gr 7-9) \$80 _____ Payment Method: _____

*Kensington and Area Minor Basketball Association runs from October to March at area schools.

WAIVER & RELEASE / PRIVACY STATEMENT

I _____, consent to the collection, use and disclosure of the personal information contained on this registration form, for Canada Basketball, Basketball Prince Edward Island and Kensington Minor Basketball Association only. We hereby give our consent and approval to participation of the applicant in the Kensington Minor Basketball Association, Minor Basketball Program and certify that he/she is physically fit to take part in all activities. Further, we do hereby waive, release and discharge said organization and its volunteers from all claims for damages occurring from accident, injury or loss of personal property during his/her participation in KMBA activities or arising from travel to and from scheduled practices/games.

Signature: _____ Date: _____
Parent or Guardian's Signature

For more information on the Kensington and Area Minor Basketball program,
please contact Alan Harrington at aharring@isnhighspeed.ca
or visit the Basketball PEI website at

www.basketballpei.ca/kamba.htm

