

## REGISTRATION FORM

### Athlete Information

Athlete Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home number: \_\_\_\_\_

Emergency Contact 1: \_\_\_\_\_ Tel. Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

Emergency Contact 2: \_\_\_\_\_ Tel. Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

Shirt size: **XS S M L XL** (circle one)

Athlete goal(s): \_\_\_\_\_

### Medical History

Previous illnesses or injuries: \_\_\_\_\_

Current health issues (ie. asthma, diabetes): \_\_\_\_\_

Medication currently on: \_\_\_\_\_

Physiotherapy support:      yes          no          Name of Physiotherapist: \_\_\_\_\_

Willing to change:          yes          no

We would like to use BA's physiotherapy associate if the need arises:          yes          no

### Academic Development

Current grade: \_\_\_\_\_

Current GPA: \_\_\_\_\_

Academic goals ie. university, college, etc. \_\_\_\_\_

specific school/program: \_\_\_\_\_

Interested in Canadian/NCAA scholarships:          yes          no

Allow BA staff to represent and use their contacts on athlete's behave:          yes          no

***We believe it is imperative that there is a good balance between athletics, academics and appropriate social behaviour. At BobbyAllen Skills Academy we require all athletes to maintain good grades and be responsible both on and off the court. We will be requesting proof of grades periodically and we will be observing daily behaviour and attitudes of all athletes. As such, we reserve the right to take action accordingly if these areas are deemed unsatisfactory to our staff.***

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

THE UNDERSIGNED PARTICIPANT OR PARENT/GUARDIAN, IF UNDER THE AGE OF 18, ASSUMES ALL THE RISKS INVOLVED AND HEREBY ABSOLVES BOBBYALLEN SKILLS ACADEMY, IT'S EMPLOYEES, AND VOLUNTEERS FROM ANY LIABILITIES. I HEREBY GRANT PERMISSION TO MANAGING PERSONNEL OR LEAGUE REPRESENTATIVE TO AUTHORIZE AND OBTAIN MEDICAL CARE FROM ANY LICENSED PHYSICIAN, HOSPITAL OR MEDICAL CLINIC SHOULD THE PLAYER BECOME ILL OR INJURED.

REGISTRATION PAYMENTS ARE FINAL. WE HAVE A NO REFUND POLICY.