



**Peterborough POWER**  
**P.Y.B.A. Development Program**  
**Registration**



**PARTICIPANT INFORMATION**

*Please Print*

*Circle One*

Full Name: \_\_\_\_\_

M / F

Street Address: \_\_\_\_\_

City: \_\_\_\_\_, Ontario      Postal Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_      Grade: \_\_\_\_\_

Phone #: \_\_\_\_\_      Health Card #: \_\_\_\_\_

Please list any medical conditions that we should be aware of: \_\_\_\_\_

\_\_\_\_\_

Did you play for any Basketball Ontario organization in 2010-2011      Yes / No

If "Yes" please fill in the name of the organization: \_\_\_\_\_

*Player's Signature:* \_\_\_\_\_      *Date:* \_\_\_\_\_

**PARENT / GUARDIAN INFORMATION**

Full Name: \_\_\_\_\_      Phone #: \_\_\_\_\_

Address: (if different from player) \_\_\_\_\_

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to release Peterborough Youth Basketball Association, its volunteers, associates and other participants from any and all liabilities incident to my minor child's involvement or participation in the basketball program as provided.

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

