

FILIPINO-VICTORIAN BASKETBALL LEAGUE

Victoria, BC

Player Registration Form

First Name: Last Name:			
Address:	C	ty:	Postal Code:
Date of Birth:	Eı	mail address:	
Contact Phone:	M	lobile:	
Name of Team:			
Name of Team Organizer / Coa	ach:		
Signature of Team Organizer / Coach:			Date
permanent paralysis and de this risk, the risk of serious 2. I KNOWINGLY AND FREELY	ndersigned acknowl activities involved in eath, and while part injury does exist; an ASSUME ALL SUCH	edges and agrees that: this program is significant, incident in the control of t	cluding the potential for personal discipline may reduce wn, EVEN IF ARISING FROM
I HAVE READ THIS RELEASE OF LIAB TERMS, AND SIGN IT FREELY AND V AGREEMENT TO THE LEAGUE RULES	OLUNTARILY. IN AI	DDITION, MY SIGNATURE SIGI	
Participant's Signature	Date	Participant's Name (Please print legibly.)	Age
Parent/Guardian Signature		Parent/Guardian's Nam	 1e

(Please print legibly.)

(If under 18 years old, Parent or Guardian must also sign.)