



**THRIVE Basketball Association
U11/U12 THRIVE Competitive Team**

Players Name: _____ Home Phone: _____

Address: _____ Date of Birth: _____

Parent/Guardian's Name: _____ Work Phone: _____

Email address: _____ Cell Phone: _____

Shirt/Uniform Size

	Small	Medium	Large	Extra Large	XX-Large
Youth					
Adult					

THRIVE Basketball Competitive Fees

Thrive Basketball Club Team Program Commitment (FALL/WINTER Session):

Each of our Club Program Teams will receive the following:

- Experienced Coach
- THRIVE Warm Up T-Shirt and Hoodie
- September 24, 2019 – March 13, 2019
- Joining Metro League
- 2 -3 hour team practices each week
- 2- 3 Exhibition games
- Registration Fees: Pay by Cash, Cheque, Interact E-transfer through: thrivebasketballclub@gmail.com
 - New member of THRIVE: \$1100
 - THRIVE member: \$1000

Please note: Early separation from the Thrive Basketball team before the ending date of this contract does not relieve the fee obligations of this contract. However, Thrive Basketball will take into consideration any unforeseen circumstances that may cause early separation and Thrive Basketball reserves the right to release players & parents from their contractual obligation under such circumstances.

Cancellation/Refund Policy
Cancellation or Refund request must be made in writing and emailed to thrivebasketballclub@gmail.com
Full refund is available until September 26, 2019. No refund will be issued after September 26, 2019.

Parent Name & Signature

Date

Player Name & Signature

Date



THRIVE BASKETBALL ASSOCIATION

MEDIA CONSENT FORM AND RELEASE FOR MINOR CHILDREN

The Thrive Basketball Association is requesting consent to publish information, photographs, and videos of individuals in their marketing materials/media promotional purposes.

Please note the following information:

- Once photographs, videos, and other identifying information are released in any public forum (including social media websites), we cannot control or prevent the further distribution or use of the material by those who access the information.
- Individuals (or parents/guardians) are under no obligation to consent; it is their voluntary decision to do so. The non-return of this form indicates a refusal to consent.
- Your consent will be valid indefinitely unless we are instructed otherwise.

You may withdraw your consent (prior to publication) by notifying Thrive Basketball Association. You may at any time instruct us to remove your (individual) or your child's (parent/guardian) photograph, video, or information (following publication) from the Thrive Basketball Association web site by notifying the organization.

THIS IS A RELEASE OF LEGAL RIGHTS.

READ IT CAREFULLY AND BE CERTAIN YOU UNDERSTAND IT BEFORE SIGNING

PLEASE CHECK ONE OF THE BOXES BELOW THEN SIGN YOUR NAME(S)

CONSENT: We/I hereby certify that We/I are/am the parent(s) or guardian(s) of the above named child and do hereby give our/my consent without reservation to the foregoing on behalf of My Child.

NON-CONSENT: We/I hereby certify that We/I are/am the parent(s) or guardian(s) of the above named child and do not hereby give our/my consent without reservation to the foregoing on behalf of My Child.

Name of Child (please print): _____ Signature of Parent/Guardian: _____
Date: _____

The Thrive Basketball Association wish to acknowledge your support of the promotion of our programs. THANK YOU!



Thrive Basketball Association

MEDICAL INFORMATION SHEET

1. **PLAYER INFORMATION**

Name: _____ Age: _____ Division: _____

Address: _____

City: _____ Postal Code: _____ Birthday (dd/mm/yy): ____ / ____ / ____

Email Address: _____

2. **PARENT OR GUARDIAN INFORMATION**

Name: _____ Phone: _____

Email: _____

3. **EMERGENCY INFORMATION**

Name: _____ Phone: _____

Address: _____ City: _____

4. **MEDICAL INFORMATION**

Allergies (drug/food/other) – Please specify

Has he/she experienced within the past 12 months (please circle):

Convulsions	Diabetes	Heart Problems	Lung Problems	Fracture
Head Injury	Other Injury	Surgery	Major Illness	

Please describe:

Date of Last Physical Exam: _____

Any information that you feel would help if emergency medical treatment were required:

Release to give team personnel right to act in case of emergency:

I understand that it is my responsibility to keep the team advised of any change in the above information as soon as possible, and that in the event no one can be contacted, team personnel will admit my child to the hospital if deemed necessary.

I _____ hereby authorize personnel of the Thrive Basketball Association to

(Parent or Guardian)

authorize appropriate emergency medical services as determined by the physician.

Date: _____

Parent/Guardian Signature