

## 2011-12 JUNIOR WHEELCHAIR BASKETBALL CHILLIWACK PROGRAM REGISTRATION FORM

The junior wheelchair basketball programs are open to junior players ages 8 and up, both with a disability and without, from beginner to experienced players. For a quality sport experience, the ability to follow a sequence of instruction, good upper body mobility and use of a manual chair is required. Weekly program includes coaching instruction, sport wheelchairs, height adjustable basketball hoops, and access to information on junior skill development camps and tournament opportunities throughout the season.

## **PROGRAM REGISTRATION**

CHILLIWACK – Cheam Centre - YMCA – 1060 Vedder Crossing Blvd Chilliwack, BC Fall Session: Tuesdays: 7:00-8:30pm, Sept. 27 – Dec. 13, 2011 (12 weeks)

PLAYER INFORMA	ATION		
Name:		Name of Parents/Guardian	:
Address:		City/Prov:	Postal:
Phone:		Email:	
Date of Birth:		Disability/Able-Bodied:	
Sports Experience	e/Level:	Do you hav	e a sports wheelchair? Yes ☐ No ☐
PARENTAL CONS	ENT & INDEM	NITY AGREEMENT	
basketball prograr above-named boy indemnify the said against all loss fro girl and arising dire photograph/image	n. I consent to or girl in the sassociation of association of any claim hectly or indirection in connection	child's name to participate in control and assume all risks and hazards of a control activities of the BC Wheelchair Bask and its officers, servants or agents nom acreafter made against it, them or any of the truly from such participation. I also give full with BCWBS publications, website & oth	and incidental to the participation of the etball Society (BCWBS) and agree to inated or appointed by or on its behalf them by or on behalf of the said boy or permission for use of
*a membership and participants	d medical form	Print Name as well as the athlete code of conduct mu	Date ust also be completed for the safety of all
VOLUNTEER OPP	<u>ORTUNITIES F</u>	FOR PARENTS, FAMILY & FRIENDS	
		n more of family's help in order to ma area and how often you would be abl	
Name		(relationship:	<u>)</u>
Area: □Practices	□Events	☐ Fundraising ☐ Supervision ☐ every other weeks ☐ Any events when	Coaching    Other ( )
PAYMENT INFORM	<b>IATION</b>		
Program Cost:  ** If you are already	\$75.00 (included) a member, the	des \$20 BCWBS annual membership for e fee will be \$55.00 membership fee will be \$35 instead of \$20.	,
	, a wavier form	until you pay \$75 in total (\$90 if 19 and must be signed by child's parent/guardian. juardian.	
Please write play	er's name on	front of the cheque. Make cheques pay	able to <b>BCWBS</b> .
Paid by:	ue 🏻 Cash	☐ Applying to KidSport Fund	
	Thanl	k you to the Cheam Center - YMCA for y	your support!