

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 (possibly), and access to information on junior skill development camps and tournament opportunities throughout the season.

PROGRAM REGISTRATION

LANGLEY – Trinity Western University – 7600 Glover Road, Langley, BC V2Y 1Y1

Fall Session: Sundays: 6:30-8:00pm, Oct 2 – Dec 4, 2011 (8 weeks, no session on Oct 9 or Nov 6)

PLAYER INFORMATION

Name: _____ Name of Parents/Guardian: _____
 Address: _____ City/Prov: _____ Postal: _____
 Phone: _____ Email: _____
 Date of Birth: _____ Disability/Able-Bodied: _____
 Sports Experience/Level: _____ Do you have a sports wheelchair? Yes No

PARENTAL CONSENT & INDEMNITY AGREEMENT

I do hereby give my consent for child's name to participate in the above named junior wheelchair basketball program. I consent to and assume all risks and hazards of and incidental to the participation of the above-named boy or girl in the activities of the BC Wheelchair Basketball Society (BCWBS) and agree to indemnify the said association and its officers, servants or agents nominated or appointed by or on its behalf against all loss from any claim hereafter made against it, them or any of them by or on behalf of the said boy or girl and arising directly or indirectly from such participation. I also give full permission for use of child's name photograph/image in connection with BCWBS publications, website & other promotional materials.

Parent/Guardian Signature _____ Print Name _____ Date _____

**a membership and medical form as well as the athlete code of conduct must also be completed for the safety of all participants*

VOLUNTEER OPPORTUNITIES FOR PARENTS, FAMILY & FRIENDS

*** This year, we will be asking more of family's help in order to make our programs successful. Please let us know in which area and how often you would be able to help.**

Name _____ (relationship: _____)
 Area: Practices Events Fundraising Supervision Coaching Other (_____)
 How Often: Once a week or every other weeks Any events when available Other (_____)

PAYMENT INFORMATION

Program Cost: **\$60.00** (includes \$20 BCWBS annual membership fee)

** If you are already a member, the fee will be \$40.00

** If you are age 19 and over, the membership fee will be \$35 instead of \$20.

Drop-In Fee: **\$5/session** * At the first drop-in, a waiver form must be signed by child's parent/guardian. After three drop-ins, a membership form must be signed by child's parent/guardian to become a member.

*Please write player's name on front of the cheque. Make cheques payable to **BCWBS**.*

Paid by: Cheque Cash Applying to KidSport Fund

Thank you to Trinity Western University for your partnership!