



2011 LANGLEY GOLD RUSH JUNIOR WHEELCHAIR BASKETBALL PROGRAM REGISTRATION FORM

The Langley Gold Rush junior wheelchair basketball program (pilot program) is open to junior players ages between 8 and 18, both with a disability and without, from beginner to experienced players. For a quality sport experience good upper body mobility and use of a manual chair is required. 4 week program includes coaching instruction, sport wheelchairs, height adjustable basketball hoops, and access to information on junior skill development camps and tournament opportunities.

Location: Alex Hope Elementary School – 21150 85th Ave, Langley BC V1M 2M4

Dates: Thursdays: 5:30 – 7:00pm, May 5th, 12th, 19th, and 26th (4 sessions)

PROGRAM REGISTRATION

*** PLEASE NOTE: Pre-registration is required to participate in this program in order for us to have enough wheelchairs ready. Registration deadline is April 29.**

PLAYER INFORMATION

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

PAYMENT INFORMATION

Current Member: Free
Non-Member: **\$20.00** BCWBS Annual Membership Fee (Junior Membership)

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

I, _____, am willing to volunteer to assist with: _____
(Examples: coaching, fundraising, administration, supervision, etc.)

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

Paid by: Cheque Cash