



The Municipality of Dysart et al

135 Maple Avenue, P.O. Box 389
Haliburton, Ontario, K0M 1S0
(705) 457-1740 ext. 35
Fax: (705) -457-1964
www.dysartet.al.ca

Open Gym Basketball Registration Form

Name of Participant:		Date of Birth: dd/mm/yyyy	
Address:	City:	Postal Code:	
Name of Parent/Guardian:	Home Phone:	Cell Phone:	
E-mail address:	Emergency Contact Name:	Emergency Contact Phone:	
Allergies/Medical Conditions (if yes, please specify):		Participant's OHIP Card #:	

***Please Note:** The open-gym basketball program is for youth 11 – 18 years of age. The program is run by community volunteers. Participants are required to bring clean, indoor shoes and a water bottle to the sessions. The sessions will run Wednesdays and Fridays from 5:00 – 7:00 p.m. from July 12 – August 18, 2017.

Open-Gym Basketball Waiver

IN CONSIDERATION of the acceptance of my application and the permission to participate as a participant in the DYSART ET AL MUNICIPAL OPEN GYM BASKETBAL, I, for my self, my heirs, executors, administrators, successors and assigns HEREBY RELEASE, WAIVE AND FOREVER DISCHARGE the Municipality of Dysart et al, and all other associations, sanctioning bodies and sponsoring companies, and all their respective employees, volunteers, agents, officials, servants, contractors, representatives, successors and assigns OF AND FROM ALL claims, demands, damages, costs, expenses, actions and causes of action, whether in law or equity, in respect to death, injury, loss or damage to my person or property HOWSOEVER CAUSED, arising or to arise by reason of my participation in the said event, whether as spectator, participant, competitor or otherwise; whether prior to, during or subsequent to the event AND NOTWITHSTANDING that same may have been contributed to or occasioned by negligence of any of the aforesaid.

I FURTHER HEREBY UNDERTAKE to HOLD AND SAVE HARMLESS and AGREE TO INDEMNIFY all of the aforesaid from and against any and all liability incurred by any or all of them arising as a result of, or in any way connected with my participation in said event.

BY SUBMITTING this ENTRY, I ACKNOWLEDGE HAVING READ, UNDERSTOOD AND AGREED to the above WAIVER, RELEASE, and INDEMNITY. I WARRANT that I am physically fit to participate in this event.

Signature of Participant: _____ Date: _____

If under 18 years of age, Parent or Guardian to sign below

Signature of Parent/Guardian: _____ Date: _____

Personal information is collected under the Municipal Freedom of Information and Protection of Privacy Act for the purpose of registration and participation in the Municipality of Dysart et al.

PHOTO WAIVER

I, _____, hereby give permission for the Municipality of Dysart et al to use any photos taken of my child during this event in publications, Municipal website and/or Social Media applications. _____

Signature of Parent/Guardian