



# AURORA

## BASKETBALL LEAGUE & LITTLE DRIBBLERS

### PLAYER INFORMATION:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Parent Name: \_\_\_\_\_ Email: \_\_\_\_\_

### 2017 FALL PROGRAM SELECTION (Mondays starting Sept 25, 2017):

- 2017 LITTLE DRIBBLERS ( 5-7 year olds) – six weeks – starts Sept 25 – \$65
- 2017 ABL SKILLS ACADEMY (8-11 year olds) – six weeks – starts Sept 25 – \$65
- 2017 ABL SKILLS ACADEMY (11-14+ year olds) – six weeks – starts Sept 25 – \$65

**Payment by cheque, payable to 1212920 Ontario Ltd. Program spaces are limited and fill up fast.  
 Please mail your completed form along with full payment to: ABL, 16 McClenny Drive, Aurora ON L4G 5P6**

### FOR YOUR REGISTRATION/APPLICATION TO BE ACCEPTED:

Please read, sign and date the following Waiver, Release and Indemnity:

*I hereby agree, in return for my participation and/or participation of the child named above in the ABL or Little Dribblers programs:*

- TO RELEASE THE ABL (Aurora Basketball League), LD (Little Dribblers) and 1212920 (1212920 Ontario Ltd.) event organization bodies, sanctioning bodies and sponsors and their respective directors, officers, employees, agents, volunteers, contractors, representatives, successors or assigns (collectively the "Releasees") from any liability for any loss, damage, injury or expense (collectively "Loss") that I (and/or the child named above) may suffer as a result of my participation and/or participation of the child named above in and transportation to or from any ABL or Little Dribblers program, due to any cause, including negligence or breach of contract;
- TO WAIVE ANY CLAIM that I have or may have against any or all of the Releasees regarding any matter, including without limitation, any claim arising out of any ABL or Little Dribblers program;
- TO INDEMNIFY THE RELEASEES from any and all claims, actions or Loss resulting in any way from my participation and/or participation of the child named above in any ABL or Little Dribbler program;
- THIS DOCUMENT SHALL bind my heirs, executors, administrators, assigns and representatives and will have effect throughout my participation in the ABL or Little Dribblers and, to the extent reasonably necessary to give it effect, thereafter;
- THAT I am (and/or the child named above is) physically fit to participate in any ABL or Little Dribblers programs; I am a legal guardian or custodial parent of the child named above.

I HAVE READ AND UNDERSTAND THIS AGREEMENT. By submitting this registration/application, I acknowledge having read, understood and agree to the above Waiver, Release and Indemnity.

### **PARENT / GUARDIAN / ADULT PLAYER:**

Please print your name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_