

TG4Life After School Basketball Training Program (Oct 7, 2024 - Mar 5, 2025) - Registration / Waiver Form

TG4Lifesports.com

*Indicates required question

1. **Location / Time ***

- Toronto Downtown - Ages 6-17, Mon & Wed 6-8pm
- Scarborough - Ages 6-13, Mondays 6-8pm
- Scarborough - Ages 14-17, Mondays 6-9pm

2. **Participants Name ***

3. **Date of birth ***

Example: January 7, 2019

4. **Sex ***

- Male
- Female
- Prefer not to say

5. **Parent(s) / Guardian(s) ***

6. **Phone Number ***

7. **Email ***

8. **Mailing Address ***

Example: 1 Front Street East Toronto, Ontario, M5E 1B2

Refunds / Cancellation policy

- All cancellations must be made five (5) days prior to the start of training program and are subject to a \$50 administration fee.
- There will be no refunds issued after the start of training program. In the unlikely event that we must cancel your training program session you will receive a full refund of your training program registration fees.
- Parent(s) / Guardian(s) waives any rights to all and any damages that may arise from training program cancellation and agrees to accept the registration fee as upper limit of all compensations.
- Parent(s) / Guardian(s) are required to complete a medical consent form for all participants and provide confirmation of physical examination completed by your family doctor prior to the enrolment in training program (Doctor's form is available).

Method of Payment

Payments can be made by certified cheque, money order, cash or e-transfer to tg4lifebasketball@gmail.com
Please write cheques or money orders payable to TG4Life.

Please read and complete before submitting an application to TG4Life training program **Medical Waivers and Consent**. All participants will be required to complete a medical consent form.

Privacy Statement

9. * Yes, you may collect and use my personal information and that of my child. I understand that the purpose of this information is to ensure the safety of my child while at the training program.

PARTICIPANT'S MEDICAL INFORMATION (WILL BE KEPT ON SITE AT ALL TIMES)

10. **Participant's Full Name ***

11. **Family Physician ***

12. **Physician's Phone Number ***

13. **Participant's Health Card Number ***

14. ***Does the above participant have any medical conditions that we should be aware of?**

EMERGENCY CONTACT INFORMATION

15. **Emergency Contact Name & Phone Number ***

I, Parent/Guardian submit this form as waiver that my child/dependent is physically fit to participate in strenuous athletic activities provided for by TG4Life training program session. All TG4Life training program session Sponsors are inclusive of this waiver submission of any responsibility of injury or illness during training program sessions. I hereby authorize TG4Life councilors/staff of the training program sessions to act for the benefit of my child/dependent with best judgment to implement any emergency medical attention measures as required in medical emergencies. I understand that I am solely responsible for the payment of any such medical expenses. I further, am not personally aware of or have any knowledge of any physical impairment that would hinder my child/dependent's ability to participate in the training program(s)/activities. I understand that the training program is not responsible for lost or stolen articles. I also understand that the training program retains the right to use pictures and data collected during training program sessions for publicity and advertising purposes, photographs of the participants at training program.

16. **Parent / Guardian Full Name ***
