

CAPITAL COURTS TRAINING CENTER
REGISTRATION & WAIVER FORM

CLIENT/PLAYER INFORMATION:

Name _____ Age: _____

Please check box Basketball Training U10 Basketball Training Camps Pods

Medical Concerns or Learning Disabilities:

Goals: _____

PARENT INFORMATION IF PLAYER IS UNDER 18YRS:

Parent Name _____

Telephone (home +Emergency) _____

Email(recommended) _____

FEES : Please circle (Includes HST)

Personal Basketball Training: 1- Session \$84.75 4- Sessions \$299.45 8- Sessions \$581.95 12- Sessions \$819.25

Under 4-9 years Training: 1- Session \$73.45/hr <u>4- Sessions \$271.20</u>
--

Camps, Fitness Training, Pods

NOTE: Please make cheques payable to: Capital Courts Inc.

RELEASE OF LIABILITY, WAIVER OF CLAIMS AND ASSUMPTION OF RISKS

I hereby agree:

- TO WAIVE ANY CLAIM that I have against Capital Courts Inc. and its agents.
- TO RELEASE THE RELEASEES from any liability for loss, damage, injury or expense that I or my child may suffer as a result from participating in any Capital Courts Training Center programs.
- I also hereby authorize, in my absence, for Capital Courts staff to seek medical attention in case of emergency.
- I am physically fit to participate in the Capital Courts Training Center programs; I am the legal or custodial parent of the child named above.
- I acknowledge that photos or video taken at Capital Courts remain the sole property of Capital Courts Inc. and may be used for web or print marketing material.
 - I have read the Policies and Procedures located on the Capital Courts website

I HAVE READ AND UNDERSTAND THIS AGREEMENT.

Signature of Client, Parent or Legal Guardian _____

Date _____

Capital Courts Training Center: 1671 Vimont Court Unit 2 Orleans, Ontario K4A 3M3
Tel: (613) 841-CCTC (2282) Email: info@capitalcourts.com Web: www.capitalcourts.com