



OFFICIAL LEAGUE REGISTRATION FORM

Please print and complete a
separate form for each registrant

NOTE: You may only register at this club if the athlete is a permanent resident of this community centre. If you do not live within the boundaries of this club, you **must** first register at your home club and be transferred to this club. Transfers will only be granted under GCWCC Policies, to build teams or if your immediate club does not offer a basketball program.

Name of Athlete: _____
first middle last

Athlete's Permanent Address: _____

Postal Code: _____ Phone: (h) _____ Phone: (alt) _____

Male Female Birthdate: ____/____/____ Years playing organized basketball ____ Height: ____
dd mm yyyy

School currently attending: _____ Home Community Centre: _____

Parent / Guardian Names: Mother _____ Father _____

Phone: (h) _____ (mother -w) _____ (father-w) _____

Parent's Email Address _____

Does the athlete reside in another community centre area than the one you are registering at? yes no

If yes, reason for registering at this club _____

If yes, what is your home community centre? _____

Allergies, medications, past serious injuries _____

Days of the week athlete is not available _____ Would like to be on a team with _____

Is the player interested in registering / trying out for an elite level (ages 11+ only)? Yes No

Parents / Guardians: Would you like to volunteer as a coach, assistant coach or manager of a team?

I will volunteer as a head coach of a team

I will volunteer as an assistant coach of a team

I will volunteer as a manager of a team

I am interested in volunteering with the WMBA in some way.

Coaching Knowledge: None Former Player Previously Coached NCCP L1 NCCP L2+

I certify that the above information I have provided is accurate and correct and understand that any falsified information provided above may be grounds for disciplinary action from the WMBA or the club. I give full permission for the above athlete to attend all WMBA practices and scheduled games for the upcoming season and certify that the athlete will not be playing on any other team in the league unless the above registrant is properly transferred to do so. I also verify that the athlete resides within this community centre's boundaries and understand that any out of area athletes found on teams will be returned to their home club.

I understand that, by completing this Form, the above noted Community Centre and the WMBA is collecting certain personal information about my child, me and other members of my family (including, if necessary, my Manitoba Health Services Registration Number). I also understand that this personal information will be used only for the purpose of registering in the Community Centres Sport/Recreational Programs, and that such use will necessarily involve the disclosure of this personal information to the appropriate area sport association(s) and/or the appropriate sport umbrella group(s), coach(es) and manager(s), and the use of such disclosed personal information by such association(s), group(s), coach(es) and manager(s) as may be reasonably be required in order to conduct the Community Centres Sport/Recreational Programs. I hereby consent to such collection, use and disclosure of this personal information.

Parent / Guardian Signature

Date Signed

Convenor's Signature

Official use only: Paid \$ _____ Date Rec'd. _____ Rec'd by: _____ Age _____ Number _____ C.C. _____

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The information collected here is used solely by the Community Centre and the WMBA and no other parties. version 11 Apr 2004