



SCARBOROUGH 2009
North American Basketball Association Inter-City Tournament

SCARBOROUGH 2009 NABA Host Committee
12 Wheaton Grove, Toronto, ON M1J 3L5
Email: naba2009info@yahoo.ca Web: www.naba2009.ca

PLAYER'S REGISTRATION FORM
PLEASE PRINT

FULL NAME _____
Last, First, Middle

ADDRESS _____ (Attach Photo-Passport Size)
Street Apt #

City Province/State Country Postal/Zip Code

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

CITIZENSHIP: _____

STATUS (Check one): _____ Single _____ Married _____ Divorced

SCHOOL: _____ Highest Grade Completed: _____

HOME TEL. NO: _____ CELL NO: _____

EMAIL ADDRESS: _____ FAX NO: _____

FATHER'S NAME: _____ CITIZENSHIP: _____

MOTHER'S MAIDEN NAME: _____ CITIZENSHIP: _____

HAVE YOU PLAYED IN PREVIOUS NABA TOURNAMENTS? _____ YES _____ NO

IF YES, IN WHAT DIVISION DID YOU PLAY: _____

IN WHAT YEAR?: _____ IN WHICH NABA CITY? _____

WAIVER FORM:

In consideration for acceptance for memberships into the NABA Inter-City Tournament and intending to be legally bound, I do hereby, for myself, my heirs, administrators, representatives, and assignees, waive and forever release NABA, the Scarborough 2009 NABA Host Committee, Filipino Youth Athletic Association, its officials, members, and volunteers from any and all claims for damages or personal injury arising from such membership or use of NABA facilities and equipment. I accept full responsibility for all damages and loss of my personal property and effects. In the event of injury, I do give my permission and consent to authorize first aid/medical/hospital care as deemed appropriate. I have read and fully understand and agree to the above waiver. I promise to comply with all the rules and regulations of the NABA. As a player or parent/guardian of a minor participant, I/we fully read and understand the full release/waiver to NABA and all organizers.

PARTICIPANT'S SIGNATURE

IF MINOR, PARENT/GUARDIAN'S

PARENT/GUARDIAN PRINTED NAME