



NABA 2007

North American Basketball Association

LABOUR DAY MADNESS

NABA 2007 TORONTO Host Committee
1545 Carrington Road, Mississauga, Ontario
Canada, L5M 2K3

Email: info@nabatoronto.net Web: www.nabatoronto.net

PLAYERS REGISTRATION FORM

PLEASE PRINT

FULL NAME: _____

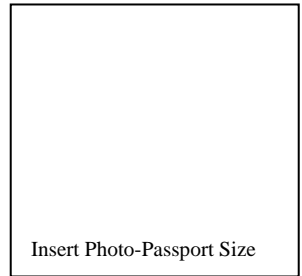
Last, First, Middle Initial

ADDRESS: _____

Street

Apt. #

City or 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 PLAED 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 Tournament and intending to be legally bound, I do hereby, for myself, my heirs, administrators, representatives, and assignees, waive and forever release NABA, the NABA Toronto/NABA Host Committee, Dolce, CkaTT Basketball, 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 SIGNATURE

PARENT/GUARDIAN PRINTED NAME