



KING CITY BASKETBALL CLUB REGISTRATION FORM (FALL 2019)

We would like to thank you for taking the time to register your child for our upcoming Fall 2019 season!

Name	Sex M F	Email Address (For Communication)	Preferred Hospital
Street Address, City, Postal Code			
Emergency Contact Name & Phone Number(s)		School	Age
How Did You Hear About Us?		Birth date	
<p>Does your child have any medical disorders or disabilities that might impact their playing ability or endanger other persons? YES _____ or NO _____ (please initial one). If yes, please explain:</p> <p>*If your child wears a medical alert bracelet, has an EpiPen or any such a condition, please bring it to the attention of the coach.*</p>			

Authorization/Waiver of Liability

In consideration of the acceptance of this application, I for myself, my child/ward, all executors and assignees do hereby release and discharge King City Basketball Club and/or it's directors, volunteers, and employees, for all claims, demands, or causes of action arising out of participation in both practices and games sponsored by the organization. I attest that I have full knowledge of the risks involved in strenuous athletic activity and that my child/ward is physically able to participate. I hereby authorize the designated volunteer or coaches of King City Basketball Club to act for me according to their best judgement in any emergency requiring medical attention. I further agree to be responsible for any medical or other charges in connection with my child/ward's participation in any event sponsored by King City Basketball Club.

Parent Signature _____ Date: _____

Please indicate if your child has a jersey from last season _____

1. Child is a new member, has not signed up in the past: \$200
2. Child has signed up last year but requires a new jersey: \$175 Amount Due: _____
3. Child has signed up last year and still has jersey: \$150

Please make cheques payable to King City Basketball Club or e-transfer to info@kingcitybasketballclub.com. The club will provide invoices upon request. Payment is due at time of registration, or during open house (September 19th at 6:30pm) location TBA – keep checking our website.

Please contact Al De Simone at: info@kingcitybasketballclub.com or 416-799-8000 with any questions or concerns.

Kids Sizes (6 years old & above)	Chest	Body Length	Hips	Short Length
Small	34	24	36	15
Medium	36	25	38	16
Large	38	26	40	17
XL	40	27	42	18
2XL	42	28	44	19
Kids Sizes (5 years old & below)	Chest	Body Length	Hips	Short Length
Child Small	32	23	34	14
Child Medium	34	24	36	15
Child Large	36	25	38	16

Please select a size for your child's jersey (if they do not have one from last year) based on the above measurements. Jerseys will be ordered prior to the season starting and will be ready for the first or second week of play.

Jersey Size: _____

WHITE REVERSIBLE BASKETBALL PRACTICE JERSEY
MATERIAL: Microcool
ART: Print



EMERALD GREEN REVERSIBLE BASKETBALL PRACTICE JERSEY
MATERIAL: Microcool
ART: Print

