



NORTH YORK PINOY ATHLETIC ASSOCIATION

5 Parkway Forest Drive, Suite 1917
North York ON M2J 1L2
www.nypaa.ca

RECEIPT NUMBER:

2018 -

PARTICIPANT INFORMATION

PLAYER'S NAME: _____
(First Name) (Last Name)

DATE OF BIRTH: _____
(If under 21 years of age) MALE FEMALE

AGE GROUP (check one): 6-8 years old 9-10 years old T-SHIRT SIZE (YOUTH sizes only)
S M L XL

ADDRESS: _____

TELEPHONE NO: _____
(Home) (Cellular)

I wish to be contacted by e-mail E-mail address: _____

EMERGENCY CONTACT (this must be someone other than parents/guardians): _____

TELEPHONE NO: _____
(Home) (Cellular)

Does this child have any allergies (food, medication, etc.) or medical information we should be aware of? YES NO
If YES, please specify. _____

RELEASE, WAIVER AND INDEMNITY (Please read waiver before signing)

IN CONSIDERATION for my participation at the youth basketball clinic:

I, for myself, my heirs, executors, administrators, successors and assigns HEREBY RELEASE, WAIVE AND FOREVER DISCHARGE the City of Toronto, Antibes Community Centre, North York Pinoy Athletic Association, all other association and all their respective agents, officials, servants, contractors, representatives, elected and appointed officials, successors and assigns OF AND FROM ALL claims, demands, damages, costs, expenses, actions, causes of action, whether in law or equity, in respect of death, injury, loss or damage to my person, or property, as spectator, participant or otherwise,

HOWSOEVER CAUSED, resulting or alleged to result from my participation in the said event AND NOTWITHSTANDING that same may have been contributed to or occasioned by the negligence of any of the aforesaid.

I FURTHER HEREBY UNDERTAKE TO HOLD AND SAVE HARMLESS AND AGREE TO INDEMNIFY all of the aforesaid from and against any and all liability incurred by any or all of them arising as a result of, or in any way connected with my participation in the said event.

BY SIGNING THIS DOCUMENT, I ACKNOWLEDGE HAVING READ, UNDERSTOOD AND AGREED to the above RELEASE, WAIVER AND INDEMNITY.
If under 18 years of age, signature of Parent or Guardian is required

Date Print Name Signature (Parent/Guardian)

Date Print Name Signature (Witness)

PHOTO OR VIDEO WAIVER:

I authorize the North York Pinoy Athletic Association to take photos or videos of the above-named participant at their programs for Publicity & Promotional purposes only. It is my understanding that names will never be used with the photos. YES NO

Parent/Guardian's signature: _____
Print Name Signature



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RECEIPT

To be Completed by the Registrar

Received from: _____

The Sum of: _____

Name of Participant: _____

Method of Payment: [] Cheque* [] Cash [] Etransfer*

Received and Signed by: _____ Date: _____

* Write cheque payable to: North York Pinoy Athletic Association or email transfer to: northyorkpinoy@gmail.com