



# PROGRAM REGISTRATION FORM

Maximum Eight Players Per Form. Please Use Additional Forms For More Players.

WWW.BASL.CA (905)637-6482

<b>PLEASE ENTER PROGRAM &amp; PLAYER INFORMATION:</b>	PROGRAM NAME:		PROGRAM NIGHT(S) AND TIME(S):		TODAY'S DATE:	
	PROGRAM NUMBER: (If Known)		AMOUNT ENCLOSED:	\$	TEAM NAME: (If submitting a team)	

<b>PLAYER 1</b>	LAST NAME:	FIRST NAME:	EMAIL ADDRESS:		<b>SIGNATURE:</b> <small>I have read and fully understand the B.A.S.L. ACTIVITY WAIVER &amp; CANCELLATION POLICY below.</small>
	MAILING ADDRESS:		POSTAL CODE:	TELEPHONE NUMBER:	

<b>PLAYER 2</b>	LAST NAME:	FIRST NAME:	EMAIL ADDRESS:		<b>SIGNATURE:</b> <small>I have read and fully understand the B.A.S.L. ACTIVITY WAIVER &amp; CANCELLATION POLICY below.</small>
	MAILING ADDRESS:		POSTAL CODE:	TELEPHONE NUMBER:	

<b>PLAYER 3</b>	LAST NAME:	FIRST NAME:	EMAIL ADDRESS:		<b>SIGNATURE:</b> <small>I have read and fully understand the B.A.S.L. ACTIVITY WAIVER &amp; CANCELLATION POLICY below.</small>
	MAILING ADDRESS:		POSTAL CODE:	TELEPHONE NUMBER:	

<b>PLAYER 4</b>	LAST NAME:	FIRST NAME:	EMAIL ADDRESS:		<b>SIGNATURE:</b> <small>I have read and fully understand the B.A.S.L. ACTIVITY WAIVER &amp; CANCELLATION POLICY below.</small>
	MAILING ADDRESS:		POSTAL CODE:	TELEPHONE NUMBER:	

<b>PLAYER 5</b>	LAST NAME:	FIRST NAME:	EMAIL ADDRESS:		<b>SIGNATURE:</b> <small>I have read and fully understand the B.A.S.L. ACTIVITY WAIVER &amp; CANCELLATION POLICY below.</small>
	MAILING ADDRESS:		POSTAL CODE:	TELEPHONE NUMBER:	

<b>PLAYER 6</b>	LAST NAME:	FIRST NAME:	EMAIL ADDRESS:		<b>SIGNATURE:</b> <small>I have read and fully understand the B.A.S.L. ACTIVITY WAIVER &amp; CANCELLATION POLICY below.</small>
	MAILING ADDRESS:		POSTAL CODE:	TELEPHONE NUMBER:	

<b>PLAYER 7</b>	LAST NAME:	FIRST NAME:	EMAIL ADDRESS:		<b>SIGNATURE:</b> <small>I have read and fully understand the B.A.S.L. ACTIVITY WAIVER &amp; CANCELLATION POLICY below.</small>
	MAILING ADDRESS:		POSTAL CODE:	TELEPHONE NUMBER:	

<b>PLAYER 8</b>	LAST NAME:	FIRST NAME:	EMAIL ADDRESS:		<b>SIGNATURE:</b> <small>I have read and fully understand the B.A.S.L. ACTIVITY WAIVER &amp; CANCELLATION POLICY below.</small>
	MAILING ADDRESS:		POSTAL CODE:	TELEPHONE NUMBER:	

<b>ACTIVITY WAIVER:</b>	<p><b>IMPORTANT - PLEASE READ:</b> I, on behalf of myself, members of my family, my heirs, executors and assigns, hereby forever release, discharge and hold harmless Burlington Amateur Sports Leagues Inc., (B.A.S.L. Inc.), The Wave Centre and 1576889 Ontario Inc. representatives and agents for any injury, loss or damage to my person or property howsoever caused, arising out of or in connection with my taking part in B.A.S.L. Inc., The Wave Centre or 1576889 Ontario Inc. sports events, tournaments or activities involving, but not limited to Volleyball, Basketball, Baseball, Frisbee, Golf, Hockey or B.A.S.L. Inc., The Wave Centre or 1576889 Ontario Inc. sanctioned leisure events, and not withstanding that the same may have been contributed to or occasioned by the negligence of Burlington Amateur Sports Leagues Inc., The Wave Centre or 1576889 Ontario Inc. representatives or agents.</p>
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<b>REGISTRATION PAYMENT:</b>	<p style="text-align: center;">Mail Cheque And Completed Registration Form To:</p> <p style="text-align: center;">B.A.S.L. 662, Blue Forest Hill, Burlington, Ontario, L7L 4H3</p>	<b>CANCELLATION POLICY:</b>	<p>No Refunds Effective One Week Prior To All Programs.</p> <p style="text-align: center;">\$45 NSF Fee On All Returned Cheques.</p> <p>Cancellation Fee Applies To All Cancellations Prior To Refund Deadline. (\$25-Individual, 25%-Team)</p>
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All Spots Are Allocated On A First Come, First Served Basis.