



MEMBERSHIP FORM 2017-2018

ORGANIZATION

Minor Basketball Association Club League Team Program Other _____

Organization Name: _____

GENERAL INFORMATION

Membership: Athlete Coach Official Volunteer Elite Athlete Other

Name: _____
Last First Initial

Permanent Address: _____ City: _____

Postal Code: _____ Birth date: ____ / ____ / ____ Gender: Male Female
dd mm yy

Present Grade: _____ Email Address: _____
(Please list an email address that will be checked often)

Parent /Guardian Name(s): _____

Tel (h): _____ Tel (c): _____ Tel (w): _____

Allergies / Medical Problems: Yes No If Yes, Please Explain: _____

Emergency contact: _____ Tel: _____

PRIVACY STATEMENT

I _____, consent to the collection, use and disclosure of my personal information for Canada Basketball, Basketball Prince Edward Island and it's Member Associations only.

X _____
Signature

X _____
Parent or Guardian's Signature if under the age of 18

For more information on Basketball PEI programs/events, please visit our website at
www.basketballpei.ca