



REGISTRATION & WAIVER FORM

CLIENT/ATHLETE INFORMATION

Name: _____ Age: _____

Check one of the following:

☐ Dream Chaserzzz Training ☐ Dream Chaserzzz Elite Training ☐ Camps/Clinic ☐ 1on1

Medical Conditions:

Goals:

Athlete Information if under 18 years. (Write Parent Name, Telephone & email below)

Fees

Check one of the following (Includes HST)

☐ **\$248.60** Dream Chaserzzz Training ☐ **\$452.00** Dream Chaserzzz Elite Training
☐ Camps/Clinic ☐ **\$62.5** 1on1 session ☐ **\$220.35** Four 1on1 sessions

NOTE: Please make cheques payable to: DREAM CHASERZZZ BASKETBALL INC.

I hereby agree:

- TO WAIVE ANY CLAIM that I have against Dream Chaserzzz Basketball Inc. and its agents.
- TO RELEASE THE RELEASEES from any liability for loss, damage, injury or expense that I, or my child may suffer as a result from participating in any Dream Chaserzzz Basketball Inc programs.
- I also hereby authorize, in my absence, for Dream Chaserzzz Basketball staff/ employees to seek medical attention in case of emergency.
- I am physically fit to participate in the Dream Chaserzzz Basketball programs; I am the legal or custodial parent of the child named above.
- I acknowledge that photos or video taken at Dream Chaserzzz Basketball sessions remain the sole property of Dream Chaserzzz Basketball Inc. and may be used for web or print marketing material.
- I have read the Policies and Procedures located on the Dream Chaserzzz website

I HAVE READ AND UNDERSTAND THIS AGREEMENT.

Signature of Client, Parent or Legal Guardian

Date _____

Dream Chaserzzz Basketball Inc. 1-100 city centre Dr PO Box 5025 SQ1 SHOPPERS PO

Mississauga, Ontario

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