

TEAM REGISTRATION & ELIGIBILITY FORM

BASKETBALL MANITOBA, 145 PACIFIC AVENUE, WINNIPEG, MANITOBA, CANADA, R3B 2Z6 Ph (204) 925-5775 | Fax (204) 925-5929

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Instructions:
Please complete all the sections
in the yellow shaded areas.

PART A. Indicate which year / season, gender, program name & level, today's date and have the team coach or club / school representative sign the document agreeing to the statement below.

PARTS B & C. Have each player and coach complete the below information.

CANADA BASKETBALL
Sport

Α	Year / Season:		Team	Gender:	Male	Female	Coed			
Club / Team / School Name:			Team #:			Date Signed:				
Level / Age Group / Division: Le		League / Tournament Name:		Club / Team / League / Authorized Signature:						
By signing above, I certify that the above information provided to be true and accurate and that the members indicated on this document are an amateur basketball player according to the rules of Basketball MB and its affiliated members and agree to play basketball with this club / team and no other affiliated club / team until properly released. By signing this form, you agree to abide by the rules, regulations and decisions of Basketball MB and its member Associations / Leagues including rules governing player and team eligibility and conduct of players and team officials. I am aware that these rules and regulations are available to me through Basketball MB and / or its members. Falsified or inaccurate information will result in the immediate expulsion (or other disciplinary action) of the player, coach or team and the voiding all insurance coverage. The information collected here is used solely by Basketball Manitoba and its members and no other parties.										
В	Player Full Name	Player Home Address		Town	Postal Code	Home Phone	Birthdate DD MM YYYY		Player Email Address	
1										
2										
3										
4										
5										
6										
7										
8 9										
10										
11										
12										
13										
14										
15										
С	Coach / Mgr Full Name	Coach / Mgr Home Ad	dress City /	Town	Postal	Home Phone	Respect in Sp	oort #	Coach Email Address	
1										
2										
3										
FOR OFFICE USE ONLY: Authorized:		Authorized:	Date	Rec'd		Paid			Team #	