



"The BALL Made Me Do It"

Pound the ROCK

Athlete Development

FOR OFFICE USE ONLY	
DATE	AMT REC'D

Player Information:

PLEASE PRINT CLEARLY

ATHLETE #1				ATHLETE #2			
First Name:				First Name:			
Last Name:				Last Name:			
Date of Birth: ____/____/____ month day year		Gender: ____/____ M F		Date of Birth: ____/____/____ month day year		Gender: ____/____ M F	
Athlete's Cell:				Athlete's Cell:			
Athlete's Email:				Athlete's Email:			
Health Card #:				Health Card #:			
HEALTH INFORMATION	YES	NO	If YES, specify the details if applicable.	HEALTH INFORMATION	YES	NO	If YES, specify the details if applicable.
Allergies				Allergies			
Asthma/Respiratory concerns				Asthma/Respiratory concerns			
Blackouts/Fainting				Blackouts/Fainting			
Chest Pain				Chest Pain			
Diabetes				Diabetes			
Epilepsy				Epilepsy			
Hearing Disorder				Hearing Disorder			
Heart Condition				Heart Condition			
Recurring Headaches				Recurring Headaches			
Seizures				Seizures			
Glasses				Glasses			
Contact Lenses				Contact Lenses			
Injuries				Injuries			
Medications				Medications			
Other (including recent surgery)				Other (including recent surgery)			

Parent/Guardian Info: First Name: _____ Last Name: _____

Address: _____ Apt/Unit #: _____ City: _____ Postal Code: _____

Home Phone: () _____ Cell Phone: () _____ Email: _____

Emergency Contact: Full Name: _____

Home: () _____ Work: () _____ Cell: () _____

Registration Fees and Disclosure

Pound the ROCK (PTR) will not be held responsible for any injuries sustained by a player while playing at any facility or program(s) operated by PTR. I/We acknowledge that all intellectual property, rights and ownership of any media taken and any reproduction thereof, arising from any sport(s) of interest, and/or activities will belong to PTR. I/We hereby release, discharge and agree to save harmless any PTR parties from all liability arising in connection with the sport(s) of interest, and/or activity.

A fee of \$45.00 will be charged for all NSF Cheques. This form must be signed by a parent/guardian if the player is under eighteen years of age.

I/We agree to abide by all rules and regulations of Pound the ROCK.

Parent/Guardian Signature (required for anyone under the age of 18)

Athlete(s) Signature

Please forward forms and cheque(s) made payable to:

Pound the ROCK
at:
10-8550 Torbram Rd, Suite 402
Brampton, ON L6T 0H7