CALEDON COUGARS BASKETBALL ASSOCIATION

FALL 2026 REP TEAM TRYOUTS

RELEASE, INDEMNITY, AUTHORIZATION AND ACKNOWLEDGEMENT

Cost: $10.00 per tryout

PLAYER INFORMATION						
LAST NAME			FIRST NAME			MIDDLE INITIAL
ADDRESS				APT. #	CITY	
POSTAL CODE		HOME TELEPHONE NUMBER			EMAIL ADDRESS	
DATE OF BIRTH	YY	MM	DD	GENDER M ☐ F ☐	SCHOOL	

In consideration of the participation by your child (the "Child") in the Caledon Cougars Basketball Association ("CCBA") Fall 2026 Rep Team Tryout sessions, the Parent/Guardian on behalf of both the Parent/Guardian and the Child:

1. Herein acknowledges the risks related to the Child's participation in the sport of basketball and agrees to ensure that at all times during the CCBA Fall 2026 Rep Team Tryout sessions (including scrimmages and warm up/cool down) the Child shall be provided with and wear appropriate court shoes and gym shorts or gym attire; and

2. Releases the CCBA, its directors, officers, members, coaches, referees, servants and agents from any and all claims and causes of action for any injury, loss, pain and suffering, or other damages or related costs of any kind whatsoever, howsoever caused, which the undersigned and/or the Child suffers or incurs as a result of the Child's participation in the CCBA Fall 2026 Rep Team Tryout sessions; and

3. Agrees to indemnify and hold harmless CCBA, its directors, officers, members, coaches, referees, servants and agents with respect to any claims or causes action whatsoever which may be brought against them by or on behalf of the Child and/or the Parent/Guardian, or by or on behalf of any other person, or losses, resulting from the Child's participation in the CCBA Fall 2026 Rep Team Tryout sessions; and

4. Represents and warrants that the Child has had a medical check up within 90 days prior to, and is physically fit to participate in, the CCBA Fall 2026 Rep Team Tryout sessions; and

5. Authorizes the CCBA, its directors, officers, members, coaches, referees, servants and agents to act for the undersigned Parent/Guardian accordingly, using their best judgment, in any emergency that requires medical attention and/or treatment for the Child as a result of the Child's participation in the CCBA Fall 2026 Rep Team Tryout sessions; and

6. Acknowledges that CCBA is a member of and maintains insurance coverage through Basketball Ontario.

THIS ACKNOWLEDGEMENT MUST BE COMPLETED AND SIGNED BELOW AS ACCEPTANCE OF THE TERMS AND CONDITIONS HEREIN IN ORDER TO QUALIFY YOUR CHILD FOR PARTICIPATION IN THE CCBA FALL 2024 REP TEAM TRYOUT SESSIONS.

PARTICIPANT (CHILD) NAME: _____

PARENT/GUARDIAN:

Please print name: _____ Signature of Parent/Guardian: _____

Date:_____ , 2026