



2019-2020 Ottawa Shooting Stars Registration Form

Player Name: _____

Player Birth Date: _____

Player Gender: M F (circle one)

Ottawa Shooting Stars Program: _____

Primary Contact Name: _____

Primary Contact Phone Number (home): _____

Primary Contact Phone Number (mobile): _____

Primary Contact Address: _____

Primary Contact Email: _____

Subscribe primary contact email to receive OSS newsletter and update

Payment Due: _____

Payment Methodology: Cheque/Cash/Other _____



By signing this form I, the parent or guardian of the player to be registered, acknowledge that I understand the risks inherent in playing basketball and will not hold the Ottawa Shooting Stars Basketball Club, event organization bodies, sanctioning bodies and sponsors and their respective directors, officers, employees and agents, responsible for any injuries, loss, damage or expense sustained while participating in this program.

The Ottawa Shooting Stars Basketball Club takes photographs of games and training activities throughout the year to post on our website. Please note that by registering with the club or by having your child participate with one of our teams, you are giving permission for your child's picture to appear on our website.

Parent Signature

Date