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## Registration Form

This is the registration form for the Basketball Academy (“Academy”) being operated by the Cayman Islands Basketball Association (“CIBA”) under the direction of Coach Victor “Voot” O’Garro (Technical Director).

Parent’s Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Child’s Name: \_\_\_\_\_ Sex: \_\_\_\_\_

Child’s Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

Child’s medical conditions that we should be aware of (if any): \_\_\_\_\_

I, the Parent/Guardian of the above Child, hereby apply for my child to be registered to participate in the Academy being run by CIBA.

I confirm that to the best of my knowledge my child is in good health and there are no health reasons that would preclude his/her participation in the Academy. I hereby authorise the coaches in the Academy to act for me according to their best judgement in any emergency requiring that my child receive medical attention.

In consideration of my child being allowed to participate in the Academy, I, the undersigned, hereby waive and release CIBA, any sponsor of the Academy and the owner of the facilities where the Academy is being held and their respective staff and/or officials, including for the avoidance of doubt the coaches, from any and all liability for any accident or injury sustained by my child while participating in the Academy.

I also understand that CIBA retains the right to use for publicity and advertising purposes photographs and/or video of participants in the Academy.

Registration Fee:   · One Term-CI\$100       · Two Terms-CI\$200   · Three Terms-CI\$300

Academy Jersey:   · CI\$ 25                                  Payment Method:   · Cash   · Cheque # \_\_\_\_

Please make cheques payable to the “Cayman Islands Basketball Association”.

Signed by Parent/Guardian: \_\_\_\_\_ Dated: \_\_\_\_\_