

SASKATCHEWAN BROOMBALL ASSOCIATION

2205 VICTORIA AVE., REGINA, S4P 0S4, 780-9215, FAX: 525-4009

MEMBERSHIP AMENDMENT FORM

All player changes, including additions, releases or address changes, which were not included on rosters prior to their submission to the S.B.A. require the completion of an amendment form. Note: All sections may not need to be completed when making a change. Forms must be sent to the S.B.A. office where copies will be provided for team and league purposes if necessary. Please print.

Please note the reason for this change:

Player Addition

I the undersigned hereby agree to play for the club mentioned below and no other until released in accordance with the S.B.A. bylaws. I hereby agree to abide by all the rules and regulations of the S.B.A. I hereby for myself, my heirs, executors, administrators and sponsors, waive and release any and all rights and claims that I may have or that may arise against the Provincial Association sponsors, agents, or representatives for any and all injuries or losses suffered by me while competing in or in connection with the programs of said association. I hereby consent to the use of my personal information provided on this form by the SBA for registration, insurance, and team contact purposes; all information that I have provided will remain confidential.

Player Release - I seek to register with the team noted for the rest of the season. I have received permission from my current coach as evidenced by the signature in the authorization for release section.

Address Change

Team Rep Change - all mail and communication is sent to the team rep.

Team Coach Change - please include NCCP number in the bottom section.

NAME:	
DATE OF BIRTH:	
ADDRESS:	
CITY:	
POSTAL CODE:	
HOME/WORK PHONE:	
FAX:	
PREVIOUS TEAM NAME:	
NEW OR CURRENT TEAM:	
LEAGUE:	
CATEGORY:	
PLAYERS SIGNATURE:	
AUTHORIZATION FOR RELEASE	
PREVIOUS COACH'S SIGNATURE:	
DATE:	
COACHING INFORMATION:	NCCP#:
SBA CONFIRMATION:	