



**ONTARIO  
BASKETBALL**

## Indigenous Sport & Wellness Ontario

BASKETBALL OFFICIATING COURSE  
JANUARY 25 - 26, 2019  
LO-ELLEN SECONDARY SCHOOL  
SUDBURY, ON

### Participant Info

First Name	Last Name
Address	Town/City
Province	Postal Code
Preferred Gender	Date of Birth (DD/MM/YYYY)
Email	Cell
Please Choose What Best Describes Your Ancestry:	
First Nation(s), please list:	Status
Inuit	
Métis	Non-Status

### Medical Release Info

Are you presently being treated for an injury or sickness, or taking any form of medication for any reason that may not be able to participate in any physical activities?	YES	NO
If yes, please explain:		
Are there any other reasons you may not be able to participate in the physical activity portion of the event?		
If yes, please explain:		
Are you allergic to any type of food or medication?	YES	NO
If yes, please explain:		
Do you require a special diet?	YES	NO
If yes, please explain:		

### Participation Consent

I understand that by completing this form I am consenting to the ongoing collection, use and disclosure of my personal information, to the Indigenous Sport & Wellness Ontario during the course of ISWO Programming. I understand that this personal information is collected for the purposes of administering ISWO Programming, and that it will be treated with the appropriate level of confidentiality and privacy. I further understand that this personal information will not be disclosed to third parties outside of ISWO except in emergency situations where it is deemed in our best interest, or in responding to claims against ISWO relating to my participation in these programs. I also understand that images collected during the ISWO program may be used for future programming.

\_\_\_\_\_ Initial

**PLEASE RETURN FORM TO [JOSH.CARPENTER@ISWO.CA](mailto:JOSH.CARPENTER@ISWO.CA)**

