

EDMONTON CENTRAL BASKETBALL

SUMMER 2026 YOUTH PROGRAM REGISTRATION

Train Hard. Play with Purpose. Represent Something Greater.

Edmonton Central Basketball is a Christian youth basketball program for ages 8–17. We develop athletes in skill, character, and faith — with a long-term vision for a Christian basketball academy and a community league. Our 2027 goal: take our young people to Uganda as a church.

SECTION 1 — PLAYER INFORMATION

Player First Name: _____ Player Last Name: _____

Date of Birth (DD/MM/YYYY): _____ Age: _____

Gender:

Male Female Prefer not to say

School Name: _____ Grade (2026–27): _____

SECTION 2 — PARENT / GUARDIAN INFORMATION

Parent/Guardian Full Name: _____ Relationship to Player: _____

Phone Number: _____ Email Address: _____

Home Address:

Emergency Contact Name: _____ Emergency Contact Phone: _____

SECTION 3 — BASKETBALL BACKGROUND

Has your child played organized basketball before?

Yes No

If yes — what level? (check all that apply)

School Team Community League Recreational
 Church/Faith League Other

Preferred position:

Point Guard Shooting Guard Small Forward
 Power Forward Centre No Preference

Self-rated skill level:

1 – Beginner 2 – Some Experience 3 – Intermediate
 4 – Advanced 5 – Competitive

SECTION 4 — FAITH & COMMUNITY

Is your family part of a local church?

Yes No Currently Exploring

If yes, church name:

What draws your family to a faith-based program? (optional)

What are you hoping your child gains from this experience?

SECTION 5 — UGANDA 2027 MISSION VISION

Our long-term vision includes a mission trip to Uganda in 2027 as a church — bringing young people to play, serve, and build relationships with believers across the world. This is part of a larger dream for a Christian basketball academy and a faith-based league in Edmonton.

Are you aware of the Uganda 2027 vision?

- Yes No — tell me more

Would your family consider your child for Uganda 2027 if they qualify?

- Yes, we're interested Not at this time Tell us more first

Questions or comments about the international vision:

SECTION 6 — AVAILABILITY

Preferred training days: (check all that apply)

- Monday Tuesday Wednesday Thursday
 Friday Saturday Sunday

How did you hear about Edmonton Central Basketball?

- Church Friend/Family Social Media
 Flyer/Poster Other

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SECTION 7 — PARTICIPANT MEDICAL QUESTIONNAIRE

This information is strictly confidential and used only by program staff to ensure the safety and wellbeing of your child during all Edmonton Central Basketball activities. Please answer all questions as accurately as possible. Incomplete forms may delay registration.

Player Full Name: _____

Date of Birth: _____

7A — GENERAL HEALTH

	YES	NO
Has your child been diagnosed with any chronic illness or ongoing medical condition?	<input type="checkbox"/>	<input type="checkbox"/>
Has your child had surgery in the past 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
Has your child been hospitalized in the past 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
Is your child currently under the care of a doctor or specialist?	<input type="checkbox"/>	<input type="checkbox"/>
Has your child been told to restrict or avoid physical activity for any reason?	<input type="checkbox"/>	<input type="checkbox"/>

If yes to any of the above, please provide details:

7B — HEART & BREATHING

	YES	NO
Has your child ever fainted, passed out, or felt dizzy during or after physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
Has your child ever had chest pain, tightness, or palpitations during exercise?	<input type="checkbox"/>	<input type="checkbox"/>
Has your child ever been diagnosed with a heart condition or heart murmur?	<input type="checkbox"/>	<input type="checkbox"/>
Does your child have asthma or any breathing difficulty during exercise?	<input type="checkbox"/>	<input type="checkbox"/>
Has any family member had a sudden cardiac event or unexplained death under age 50?	<input type="checkbox"/>	<input type="checkbox"/>

If yes to any of the above, please provide details:

7C — INJURIES & PHYSICAL CONDITIONS

	YES	NO
Does your child have a current or recurring injury (knee, ankle, back, shoulder, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
Has your child had a concussion or head injury in the past 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
Has your child been diagnosed with a bone, joint, or muscle condition?	<input type="checkbox"/>	<input type="checkbox"/>
Does your child wear orthotics, a brace, or use any assistive device during activity?	<input type="checkbox"/>	<input type="checkbox"/>

Describe any injuries or physical limitations:

7D — ALLERGIES & MEDICATIONS

	YES	NO
Does your child have any known allergies (food, medication, environmental, insect stings)?	<input type="checkbox"/>	<input type="checkbox"/>
Does your child carry an EpiPen or emergency allergy medication?	<input type="checkbox"/>	<input type="checkbox"/>
Does your child take any prescription or over-the-counter medication regularly?	<input type="checkbox"/>	<input type="checkbox"/>
Does your child have any dietary restrictions related to a medical condition?	<input type="checkbox"/>	<input type="checkbox"/>

List all known allergies and reactions:

Allergy / Substance	Reaction / Symptoms	Treatment / Medication

List all current medications:

Medication Name	Dosage	Frequency	Condition Being Treated

7E — MENTAL & EMOTIONAL WELLBEING

	YES	NO
Has your child been diagnosed with anxiety, depression, ADHD, or a similar condition?	<input type="checkbox"/>	<input type="checkbox"/>
Does your child receive counselling, therapy, or mental health support?	<input type="checkbox"/>	<input type="checkbox"/>
Are there any emotional or behavioural considerations staff should be aware of?	<input type="checkbox"/>	<input type="checkbox"/>
Does your child have an IEP (Individual Education Plan) or special learning needs?	<input type="checkbox"/>	<input type="checkbox"/>

Additional details (optional — confidential):

7F — PHYSICIAN / MEDICAL CONTACT

Family Doctor / Physician Name: _____ Clinic / Hospital Name: _____

Doctor Phone Number: _____ Health Care Number (optional): _____

In case of emergency, may staff administer basic first aid (bandaging, ice, etc.)?

- Yes No — contact parent/guardian first

May staff call 911 if required?

- Yes No — contact parent/guardian first

Additional medical notes or instructions for staff:

SECTION 8 — PARENT / GUARDIAN CONSENT & SIGNATURES

- I give permission for my child to participate in all Edmonton Central Basketball program activities.
- I give permission for photos and videos of my child to be used for program promotion.
- I understand this is a Christian faith-based program and consent to faith-related content.
- I confirm all information provided on this form is accurate to the best of my knowledge.
- I authorize program staff to seek emergency medical treatment if I cannot be reached.
- I understand fees (if applicable) are non-refundable after the program begins.

Parent/Guardian Signature: _____

Date: _____

Print Name: _____

Relationship to Player: _____

Edmonton Central Basketball | Summer 2026 | Ages 8–17 | Edmonton, Alberta
Questions? Contact us at: _____