



Ottawa-Carleton Ultimate Association

99 Fifth Avenue, Suite 142, Ottawa, ON K1S 5P5
Tel: 613-860-OCUA (6282) E-mail: lisamarie.walsh@ocua.ca

Summer 2008 Youth Registration Due May 3, 2008

Before You Register....

Please read the following information before completing the registration form of Page 2.

Youth Player Fees:

The registration fee is \$100.00 plus GST (\$105.00) per player. Participants will receive a free disc!

The fee is payable upon registration and will be refunded if your child is not offered a spot.

Cheques should be made payable to "OCUA."

These fees are eligible for the Children's Fitness Tax Credit (visit www.cra-arc.gc.ca/whatsnew/fitness-e.html)

Tax receipts will be provided.

Please note that refunds will be issued for medical reasons only and are subject to a \$20.00 administration fee.

OCUA Member Number:

If your child has not already done so, they will need to create an account on Leaguerunner, OCUA's league-management system. Go to <http://www.ocua.ca/leaguerunner/> and follow the instructions.

Once your account has been created, you will be given a permanent OCUA member identification number.

Pay before you play!

Please note that OCUA has a pay before you play policy. This means that if your method of payment is not honoured or if you have outstanding fees due to the Association, you will not be considered as having submitted a valid application and your child will not be granted a spot

Registration:

Please complete page #2 and mail it with your payment to:

OCUA

99 Fifth Avenue

Suite 142

Ottawa, ON K1S 5P5

Please direct any inquiries to the Program Officer, Lisa Marie Walsh, youth@ocua.ca

DUE DATE FOR REGISTRATION IS MAY 3, 2008

Please submit a separate cheque with each registration form.

Applications received after May 3rd will be placed in the league on a first come basis or a waiting list depending on availability.



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PLAYER INFORMATION

Child's Name: _____ Gender: _____ Age: _____
Parent's Name: _____ Phone number: _____
Email address: _____
Emergency Contact Phone Number (during game time): _____
Relationship of the emergency contact to the participant? _____

PROGRAM SELECTION

Current Level of Play: Beginner _____ Intermediate _____ Advanced: _____
(please check one)

PLAYER HEALTH INFORMATION

For everybody's safety, we would like to ask a few basic questions about your child's health background and health care provisions.

Does your child have any allergies? ____ If 'yes', to what? _____

Does your child have any unusual medical conditions? _____

Does your child have any previous injuries we should be aware of? _____

Does your child need to wear special gear when participating in sports (for example, an ankle brace or a knee brace)?

Family Doctor: _____ Health Card #: _____

PARENT /LEGAL GUARDIAN CONSENT

As the legal guardian I understand that my child is playing in the league at their own risk and release the Ottawa Carleton Ultimate Association and all organizers from any liability. I acknowledge that I have read and understood the terms and conditions of this agreement and by signing it voluntarily, I am agreeing to abide by these terms.

Date: _____

Parent / Name: _____
Legal Guardian

Parent / Signature: _____
Legal Guardian