



# Ottawa-Carleton Ultimate Association

875 Bank Street, Suite 1, Ottawa, ON CANADA K1S 3W4

Tel: (613) 860-OCUA (6282)

## Assumption of Risk for Players Under 18

Please print and mail a signed copy with registration payment to:

OCUA  
875 Bank St, Suite 1,  
Ottawa, ON K1S 3W4

### Risk of Injury and Terms and Conditions

While the sport of Ultimate is a non-contact sport, this does not mean that contact will never occur. Ultimate is a fast-paced, athletic sport and as such has all the attendant risks that are commonly associated with such an activity. While all players are expected to adhere to the spirit of sportsmanship as outlined in the rules of the sport, it is not possible to absolutely ensure that contact between players will not occur, and that injuries will not be sustained. Members are reminded that they engage in the sport entirely at their own risk. Parents or guardians of youth and junior players are required to provide a signed copy of this document with the registration payment. A completed medical information form must be provided to the team coach at the first game or practice.

### **PAY Before You Play**

OCUA has a pay before you play policy. Fees must be paid in full before play an individual can commence play.

### **Refund Policy**

A \$25 administration fee will be charged to all cancellations up to 3 weeks before leagues begin. After this time, no refunds are provided. OCUA reserves the right to ask any player to leave. If requested to leave, prorated fees less the \$25 administration fee will be provided. Under no other circumstances will refunds be provided.

PLAYER INFORMATION		
Player Name		
Date of Birth (mm/dd/yy)		Gender (M/F)

PARENT/GUARDIAN CONSENT AND ASSUMPTION OF RISK			
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 understand and accept the risk of injury. 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.			
Parent/Guardian Name			
Parent/Guardian Signature		Date	