



Youth Ottawa Ultimate 2005

Summer Registration Form



OCUA and YOU, providing the ultimate fun for youth in Ottawa!

Participant's Name: _____ **Gender:** M / F

Birth Date: _____ **Parent or Guardian's name:** _____

Address: _____ **Home Phone Number:** _____

_____ **Email address:** _____

Parent or Guardian's Emergency Contact (during game time): _____

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

1. Has your child played any team sports? NO / YES _____

2. Has your child played Ultimate before? NO / YES _____

3. Is there a friend your child would be particularly keen to play with? (We will try to accommodate)

4. Does your child have any allergies? NO / YES _____

5. Does your child have any unusual medical conditions? NO / YES _____

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

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

8. Please provide the name and phone number of your family doctor.

Name: _____ Phone Number: _____

9. Please provide the name and phone number of your dentist.

Name: _____ Phone Number: _____

10. When this form is completed we will have a parent's home phone number, and are aware that many parents will be at the fields while their children are playing ultimate. However, we are requesting an additional contact number in case of an emergency.

Name: _____ Phone Number: _____

Relationship to Child: _____



Parent's Signature: _____ Date: _____

