



# Ottawa-Carleton Ultimate Association (OCUA)

## 2006 City - Youth Summer Registration Form & Waiver

Child's Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_

Parent's name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email address: \_\_\_\_\_

Address: \_\_\_\_\_

Emergency Contact Phone Number (during game time): \_\_\_\_\_

Relationship of the person at this number to the child and their name? \_\_\_\_\_

### Which general area of the City would you be interested in playing for?

NorthEast \_\_\_\_\_ SouthEast \_\_\_\_\_

NorthWest \_\_\_\_\_ SouthEast \_\_\_\_\_ Doesn't matter \_\_\_\_\_

Note: We will do what we can to group teams to geographic areas, but our effectiveness to do this will be governed by the number of players we get. Player fees are \$75 including GST. Please send a cheque made payable to OCUA, and send it along with this registration form & waiver to:

120-410 Bank St. Ottawa, Ontario K2P 1Y8 To receive a refund of fees paid, notice must be given two weeks prior to the start of the season. OCUA reserves the right to ask any participant to leave. In such a case a prorated refund will be issued.

Is this child familiar with team sports? \_\_\_\_\_ Is this child familiar with ultimate? \_\_\_\_\_

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

1. Does your child have any allergies? Yes: \_\_\_\_ To what? \_\_\_\_\_
2. Does your child have any unusual medical conditions? \_\_\_\_\_
3. Does your child have any previous injuries we should be aware of? \_\_\_\_\_
4. Does your child need to wear special gear when participating in sports (for example, an ankle brace or a knee brace)? \_\_\_\_\_
5. Please provide the name and phone number of your family doctor.

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

As the legal guardian of \_\_\_\_\_, 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.

Child's name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's name: \_\_\_\_\_

Parent's signature: \_\_\_\_\_

**If you are familiar with the sport of ultimate and would like to help coach your child team, please check here \_\_\_\_\_ If you are asked to help with the coaching, your child's fees will be waived.**