



2006 Youth Fall 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 fall session are you interested in?

West (WC Levesque) _____ East (Shefford Rd) _____

Sessions will only run if participation numbers are high enough and will be held Sundays 11am – 12:30pm from September 10th to October 29th (8 weeks). Focus will be on individual player skills, will involve drilling with limited scrimmaging and it will be directed at those 13 and older. This will be an intermediate level session, and it is assumed that participants are familiar with the sport of ultimate. Younger players are more than welcome to join if they have the necessary skill set. Player fees are \$50 including GST. Space is limited to 24 at each location. 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 a week 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.

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.

Parent's name: _____ Date: _____

Parent's signature: _____