2006 Youth Summer Registration Form & Waiver

Child's Name:	Gender: Age:	
Parent's name:	Phone Number:	
Email address:		
Address:		
Emergency Contact Phone Number Relationship of the person at this number to the ch		
Which session(s) a Monday Central at Lynda Lane Park	re you registering for? Wednesday East at Potvin A	rena fields
Tuesday West at WC Levesque Park	Thursday South at Ultimat	e Parks
All sessions are \$75 including GST. Please send a chis registration form & waiver to: 120-410 Bar of fees paid, notice must be given two weeks prior any participant to leave the sessions. In such a case	k St. Ottawa, Ontario K2P 1Y8 to the start of a session. OCUA re	To receive a refund
Is this child familiar with team sports?	Is this child familiar with ultir	nate?
For everybody's safety, we would like to ask a few and health care provisions.	basic questions about your child	's health background
 Does your child have any allergies? Yes:	litions?should be aware of?a participating in sports (for exam	
Name: Phone Number		
As the legal guardian of		
Date:		
Child's name:		
Parent's name:		
Parent's signature:		
If you are familiar with the sport of ultimate and wo If you are asked to help with the coaching, your chi		eck here