Ottawa-Carleton Ultimate Association (OCUA)

20	007	Youth	Summer Form	Coached & Waiver	Registration
Child's	Name:			Gender:	Age:
Parent's	name: Phone Number:				
Email a	ddress:				
Address	:				
Name	of the pe				):
				<b>are you registering</b> Potvin Arena fields	
Τι	iesday V	Vest at Ben Fr	anklin Park	Thursday Centra	al St. Paul's University
credit. S Please s 120-410 To recei fee will prorated	ee: <u>http</u> end a ch ) Bank S ive a refi be charg l refund	://www.cra-ard eque made pa t. Ottawa, Ont und of fees pa ged. OCUA re will be issued	c.gc.ca/whatsnew/fitm yable to OCUA, alon tario K2P 1Y8 id, notice must be gives serves the right to as	ness-e.html for detai ng with this registrat ven two weeks prior k any participant to	the new Children's Fitness tax ls. ion form & waiver to: to the start of a session, a \$20 admin leave the sessions. In such a case a liar with ultimate?
		s safety, we we provisions.	ould like to ask a few	v basic questions abo	out your child's health background
<ol> <li>Doe</li> <li>Doe</li> <li>Doe</li> <li>Doe</li> <li>a ki</li> <li>Plea</li> </ol>	es your o es your o es your o nee brac ase prov	child have any child have any child need to v e)?	unusual medical cor previous injuries we vear special gear whe and phone number of	nditions? e should be aware of en participating in sp  f your family doctor.	? orts (for example, an ankle brace or
					are playing in the league at their own
					nizers from any liability.
Date:					
Parent's	name:				_
Parent's	signatu	re:			

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