



2007 Youth Summer Division Registration Form & Waiver

Child's Name: _____ Gender: _____ Age: _____

Parent's name: _____ Phone Number: _____

Email address: _____

Address: _____

Emergency Contact Phone Number (during game time): _____

Name of the person at this number and their relationship to the child: _____

Which Team are you registering for?

- | | |
|--------------------------------|-------------------------------|
| East 1 (wards 1, 2, 19)_____ | West 1 (wards 4, 5, 6)_____ |
| East 2 (wards 10, 20, 22)_____ | West 2 (wards 3, 21, 23)_____ |
| East 3 (wards 11, 12, 13)_____ | West 3 (wards 7, 8, 9)_____ |
| East 4 (wards 14, 17, 18)_____ | West 4 (wards 15 & 16)_____ |

Team fees are \$106 including GST. These fees are eligible for the new Children's Fitness tax credit. See: <http://www.cra-arc.gc.ca/whatsnew/fitness-e.html> for details.

Please send a cheque made payable to OCUA, 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 a session, a \$20 admin fee will be charged. OCUA reserves the right to ask any participant to leave a team. In such a case a prorated refund will be issued.

It is assumed that your child knows the sport of ultimate. If not we strongly recommend enrolling in a coached session as well. Cleats are necessary equipment.

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

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

Name: _____ Phone Number: _____

As the legal guardian of the above named child, I understand that they are playing in the league at their own risk and release the Ottawa Carleton Ultimate Association and all organizers from any liability.

Date: _____

Parent's name: _____

Parent's signature: _____

If you are familiar with the sport of ultimate and would like to help the team, please check here