



2006-7 Youth Indoor 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 session(s) are you registering for?

Central Thursdays Session 1: _____ (\$80) Session 2: _____ (\$80) Both 1&2: _____ (\$150)
(Enrollment is limited to 24 students in each of the two age categories.)

Please send a cheque made payable to OCUA, and send it along with this registration form & waiver to: 120-410 Bank St. Ottawa, ON. K2P 1Y8. To receive a refund of fees paid, notice must be given two weeks prior to the start of a session. OCUA reserves the right to ask any participant to leave the sessions. In such a case a prorated refund will be issued. Please note a \$20 admin fee will be charged on any refund.

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: _____

6. Please provide the name and phone number of your dentist.

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.

Date: _____

Parent's or Guardian's signature: _____