

Ottawa-Carleton Ultimate Association



Ottawa Carleton Ultimate Association

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ACTIVE2010

2007/2008 Youth Divisional Fall League Sunday 4:00 – 6:00 PM

Player Information

Family Name: _____
First Name: _____
Gender: Male Female Age _____
Approximate years playing Ultimate: _____
Address: _____ City: _____
Postal Code: _____ Home Phone: _____
Cell: _____ Family e-mail: (print carefully) _____
Emergency Contact Phone Number (during the game) : _____
Name of the person and relationship to the child: _____

(Office Use Only)
OCUA Youth # _____

Registration:

Payment:

Request to play with friend

Friend #1. _____ Friend #2. _____

Registration Fee

Price 60.00 Card # _____
GST included Expiry _____

Total \$ _____ Total Payable Cheque Visa/Mastercard

These fees are eligible for the new Children's Fitness tax credit. See <http://cra-arc.gc.ca/whatsnew/fitness-e.html> for details. To receive a refund of fees paid, notice must be given two weeks prior to the start of a session, a \$20 administration 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.

Locations (choose 1)

Lynda Lane Ben Franklin

Health

Does your child have any allergies? Yes: _____ To what? _____
Does your child have any 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 (braces)? _____
Family doctor _____
Health card number _____

Participant's Agreement (to be used for players under the age of 18)

I understand that I am playing in the league at my own risk and release the Ottawa Carleton Ultimate Association and all organizers from any liability.

I acknowledge Making this agreement: I have read and understood the terms and conditions of this agreement posted on the web site and by signing it voluntarily, I am agreeing to abide by these terms.

I certify that the information supplied is accurate.

Parent's Signature: _____ Date YY _____ MM _____ DD _____
Child's Signature: _____ Date YY _____ MM _____ DD _____

If you would like to volunteer, please check this box

