

# Cornwall Legion Cougars Track and Field Club Registration 2010

**Age group** (Circle one):

Bantam (1996 or later) Midget (1994-95)

Youth (1992-93) Junior (1990-91) Senior

**Event** (Circle one or more):

Sprints, hurdles

Middle distance

Jumps

Throws

## **Athlete information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Gender: M/F \_\_\_

Date of Birth: \_\_\_\_\_ Address: \_\_\_\_\_

City \_\_\_\_\_ Province/State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ OHIP #: \_\_\_\_\_

Medical conditions: \_\_\_\_\_ Medications taken: \_\_\_\_\_

Emergency contact name: \_\_\_\_\_ Phone: \_\_\_\_\_

## **Parent (Contact) information**

1. Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

2. Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

## **Waiver, consent and authorisation**

In consideration of the Cornwall Legion Cougars Track and Field Club (the "Club") accepting my child's application as a participant in the above said program, I agree that my child will abide by the rules and regulations, policies and procedures of the Club in respect to the said program. I am aware of the possibility of health and safety risks associated with my child's participation in the activities and I freely accept all risks associated with his/her participation. I assume all risks incidental to such participation, and do waive, release, absolve, indemnify and agree to hold harmless, the Club, its officers, directors, coaches, employees or agents. I will notify the Club of my child's special medical condition or health history, if any. If the emergency contact person identified in this form cannot be reached and my child has an injury, accident or falls ill, I hereby authorise the Club to provide my child with or make arrangements for emergency medical treatment.