

REGISTRATION FORM 2019/2020 DROP-IN PLAYER

DROP-IN PLAYER INFORMATION					
First Name		Middle Name		Last Name	
Sex	Disability			Birthdate	
Address				Home Phone #	
City		Postal Code		Cell Phone #	
Providing your email address is expressed consent for EASA to contact you via email.					
Player Email Address			Parent/Guardian Email Address		
PHOTO RELEASE & WAIVER					
<p>I being the participant identified above, and if said participant is under the age of 18 years, the parent or legal guardian grants EASA full permission to use any photographs or videos of said participant taken during the program season of the Edmonton Adaptive Sports Association. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>I understand that participating in sledge hockey is voluntary and could include actions or tasks which might be hazardous to the participant named above. By signing below, I assume any risk of harm or injury which might occur to the participant due to his/her/my participation in the event or activity. I release the Edmonton Adaptive Sports Association or any of its members from all liability, costs and damages which might arise from participation in the sledge hockey program. If the participant is a minor, I agree that the minor has my consent to participate in the event.</p> <p>Sign Here if Participant is 18 years of age or over</p> <p>Signature of Participant: _____ Date: _____</p> <p>Sign Here if Participant is under 18 years of age</p> <p>Name of Parent or Guardian: _____</p> <p>Signature of Parent or Guardian: _____ Date: _____</p>					
Insured with Hockey Alberta?			If yes, club insured with:		
<input type="checkbox"/> Yes <input type="checkbox"/> No					