

Registration Form



Hamilton Olympic Club est 1926

Personal Information

Name: _____

Address: _____

Town/City: _____ Postal Code: _____

Telephone: Home _____
Cell _____

E-mail: _____

Date of Birth : / / Male Female
Y Y Y Y / M M / D D

School: _____ Grade: _____

Fees

New Member Renewal Year _____

HOC Fee \$ _____

AO fee \$ _____
(if applicable)

Total Fees Remitted \$ _____

Entry Fees and most travel are provided by the H.O.C.. Athletes are responsible for food, accommodation, and some travel expenses. Athletes must compete in H.O.C. uniform. Athletes are expected to participate in fund raising activities.

Participation Category

YDP: Spring _____ Fall _____

MTA: Full _____ MTA Atom Senior
 Indoor _____ Outdoor _____ XC _____

AO: Full _____ AO Bantam Youth Masters
 Indoor _____ Outdoor _____ XC _____ Minor Midget Junior Recreation

Coach: _____ Midget Senior Other _____

Parents' Names: _____

Cell: _____ E-mail: _____

Bingo Dates: _____

Medical Services Authorization

In the case of medical or hospital services required by _____, I authorise the doctor and/or hospital (within Canada) to administer necessary medical or surgical services, including anaesthesia and drugs.

HEALTH CARD #: _____

ALLERGIES: _____

In consideration of the acceptance of my application for registration as a member of the Hamilton Olympic Club (H.O.C.), I, for myself, my heirs, executors, administrators, successors and assigns HEREBY RELEASE, WAIVE AND FOREVER DISCHARGE the H.O.C. and its respective agents, officials, directors, coaches, representatives, successors and assigns of and from all claims, demands, damages, costs, expenses, actions and causes of action, whether in law or equity, in respect of death, injury, loss or damage to my person or property HOWSOEVER CAUSED arising or to arise by reason of my registration as a member of the H.O.C. or my participation in any H.O.C. sponsored or sanctioned event, whether prior to, during or subsequent to any such event AND NOTWITHSTANDING that same may have been contributed to or occasioned by the NEGLIGENCE of the aforesaid.

IF THIS WAIVER IS ALTERED THE REGISTRATION WILL BE REJECTED.

Applicant's Signature

Legal Guardian's Signature (if applicant under 18 years of age)

Witness' Signature and Address

Date