

Registration Form - Senior Programme



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: _____ Coach: _____

Fees

Year: 20

Bantam Senior

Midget University/College

Youth Masters

Junior Recreation

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

Parents' Names: _____

Cell: _____ E-mail: _____

Bingo Dates: _____

Medical Services Authorization

In the case of medical or hospital services required by me/my child, _____, 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 _____

	HOC fee	AO fee	Total	Init	
<input type="checkbox"/> Full Year	_____	_____	_____	_____	<input type="checkbox"/> Cheque# _____ <input type="checkbox"/> Cash _____
<input type="checkbox"/> Outdoor	_____	_____	_____	_____	<input type="checkbox"/> Cheque# _____ <input type="checkbox"/> Cash _____
<input type="checkbox"/> Indoor	_____	_____	_____	_____	<input type="checkbox"/> Cheque# _____ <input type="checkbox"/> Cash _____
<input type="checkbox"/> Fall	_____	_____	_____	_____	<input type="checkbox"/> Cheque# _____ <input type="checkbox"/> Cash _____