

VOICES OF YOUTH IN COMMUNITY DODGE BALL CHALLENGE

TEAM Registration Form

Leamington Recreation Complex

Saturday, March 30, 2013 12 noon -2 pm

Please check one: Youth 14-17 Adult 18 + Mixed youth & Adult

Team Name _____

Registration Deadline: March 22, 2013

Name	Address	Town	Postal Code	E-mail	Signature(parent if under 18)
CAPTAIN					
SUB					
SUB					

Payment Received: Amount \$ _____ Cash _____ Cheque # _____ Team Captain _____

VOYC Volunteer _____

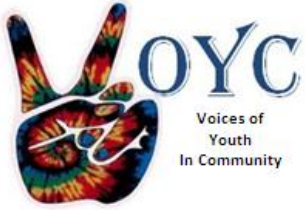
Signature _____

READ BELOW AND FILL OUT AND SIGN. SUBMIT WITH PAYMENT TO: YOUTH & FAMILY RESOURCE NETWORK OF ESSEX COUNTY 23 MILL ST. W KINGSVILLE N9Y 1W1

WAIVER AND RELEASE OF CLAIMS AND ASSUMPTIONS OF RISK: Please read this information carefully and be aware that in signing up and participating in this activity, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injury, damages or loss which you or your minor child/ward might sustain as a result of participation in any and all activities connected with and associated with this activity. I recognize and acknowledge that there are certain risks of physical injury to participate in this event, and I voluntarily agree to assume the full risk of any injuries, damages or loss, regardless of the severity, that my minor child/ward or I may have (or accrue to me or my child/ward) as a result of participation in this event against Youth & Family Resource Network of Essex County and the Voices of Youth in Community including their employees, volunteers, officials, agents and sponsors.

I do hereby fully release and forever discharge the Youth & Family Resource Network of Essex County and the Voices of Youth in Community Program from any and all claims from injuries, damages or loss that my minor child/ward or I may have, or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with this event/activity.

Print Name _____ Signature _____



VOICES OF YOUTH IN COMMUNITY DODGE BALL CHALLENGE

Individual Registration Form

Leamington Recreation Complex

Saturday, March 30, 2013 12 noon -2 pm

Please check one Age Level: Youth 14-17 Adult 18 +

Registration Deadline: March 22, 2013

Individual Player Name: _____

Address: _____ P.O. Box/ Apt: _____

Town _____ Postal Code _____

Phone Number: _____ Email: _____

READ BELOW AND FILL OUT AND SIGN. SUBMIT WITH PAYMENT TO: YOUTH & FAMILY RESOURCE NETWORK OF ESSEX COUNTY 23 MILL ST. W KINGSVILLE N9Y 1W1

WAIVER AND RELEASE OF CLAIMS AND ASSUMPTIONS OF RISK: Please read this information carefully and be aware that in signing up and participating in this activity, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injury, damages or loss which you or your minor child/ward might sustain as a result of participation in any and all activities connected with and associated with this activity. I recognize and acknowledge that there are certain risks of physical injury to participate in this event, and I voluntarily agree to assume the full risk of any injuries, damages or loss, regardless of the severity, that my minor child/ward or I may have (or accrue to me or my child/ward) as a result of participation in this event against Youth & Family Resource Network of Essex County and the Voices of Youth in Community including their employees, volunteers, officials, agents and sponsors.

I do hereby fully release and forever discharge the Youth & Family Resource Network of Essex County and the Voices of Youth in Community Program from any and all claims from injuries, damages or loss that my minor child/ward or I may have, or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with this event/activity.

Print Name _____ Signature _____

THIS SECTION TO BE COMPLETED BY VOYC DODGE BALL EVENT TEAM COORDINATOR

Payment Received: Amount \$ _____ Cash _____ Cheque # _____ Assigned Team: _____

VOYC Volunteer _____ Signature _____