



RJTW Registration Form 2020

Athlete Information

Last Name:	First Name:	Gender:
		Male: <input type="radio"/> Female: <input type="radio"/>
Birthdate (M/D/Y)	Athlete Email (Optional)	Phone:

Parent/Guardian Information

Parent Name 1	Parent Name 2	Home Phone:
Mailing Address	Parent Email:	Cell Phone:

Health Information

Emergency Contact:	Phone:	Health Card Number:
Medical Conditions:	Medications:	Allergies:

WAIVER, CONSENT AND AUTHORIZATION

In consideration of the PCRAS (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, other than for willful default or negligence on their part, the Club, its officers, directors, 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 authorize the Club to provide my child with or make arrangements for emergency medical treatment.

Signature of Parent/Legal Guardian	Date (M/D/Y)
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Permission to use son/daughter's photo for the website or other promotional activities?	YES	NO
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Please Check All Appropriate Boxes and Complete Total (All Tax Included)			\$ Total
Fees			
Indoor: \$65	8 week session		\$
Outdoor: \$65			\$
			\$

Registrar: Olivia Stroud - oliviadhstroud@yahoo.ca
 Registrar: Marilyn MacCara - marilyn.maccara@outlook.com