

STORM SLEDGE HOCKEY REGISTRATION FORM 2018/2019

MEMBER 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.		
Member 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>		
FOR TEAM USE (DO NOT FILL IN THIS SECTION)		
Sledge # on Loan:	Sticks: #	Jersey #
Payment Date:	Amount Paid	Cash or ETransfer or Cheque #