



RUN JUMP THROW & SPEED-AGILITY-SKILLS PROGRAMS

REGISTRATION FORM

Please complete and return with payment

Program: RunJumpThrow Speed Agility Skills

Participant Name: _____ Email: _____

PARENT NAME: _____ Tel: _____

Address: _____ City: _____ Postal Code: _____

Parent Signature: _____ Date: _____

Please make cheques payable to PacificSport Victoria and mail to: 100- 4636 Elk Lake Drive, Victoria, BC V8Z 5M1 or fax with CC info to 250 744-3542

Visa MC Amex Cheque Cash

Credit Card Number: _____ Expiry Date: _____ Amount: _____

Cardholder (please print) _____ Signature _____

This program is supported by: PacificSport Victoria, University of Victoria Athletics and Recreation, and Athletics Canada

PARTICIPANT LIABILITY RELEASE FORM

PLEASE RETURN WITH COMPLETED REGISTRATION FORM AND PAYMENT

I hereby give permission for myself or my child(ren) _____ to participate in the Athletics Canada National Endurance Centre, Run Jump Throw and/or Speed Agility Skills programs, presented in conjunction with the University of Victoria ,Athletics and Recreation and PacificSport Victoria. In return for my own or my child(ren)'s voluntary participation, I agree to release the organizers of responsibility for any injuries, claims, demands, actions or costs that might arise out of my or my child(ren)'s participation in this Program. Furthermore, I agree to hold harmless and to indemnify the organizers, the program sponsors and funding agencies from and against all such injuries, claims, demands, actions or costs. For the purposes of this agreement, I understand the organizers to mean: Athletics Canada, Pacific Sport Victoria, University of Victoria Athletics and Recreation, owners/operators of the facility where the program is taking place, and each of their respective directors, officers, employees, coaches, officials, volunteers, members and representatives.

Acknowledgement: This is a legal agreement. It is binding upon me as well as upon my heirs, executors and representatives. I have read and understood its terms and by signing it voluntarily I am agreeing to abide by these terms.

Program: RunJumpThrow Speed Agility Skills

Printed Name of Participant: _____ AGE: _____ M/F (circle)

Address: _____ City: _____ Postal Code: _____

Birthdate: _____ Phone: _____ Email: _____

Parent/Guardian Printed Name: _____

Signature: _____ Dated: _____, 2010

