



Hairsine Sport Program Registration

Program: _____ Age Group: _____ Community #: _____
 Name (last): _____ Name (first): _____ Name: (middle): _____
 Address: _____ Postal Code: _____ Alberta Health Care#: Y / N
 Phone#: _____ Gender: M / F Date of birth (mm/dd/yy): _____
 Email: _____ Special Notes _____

Legal Guardian(1) Name (first): _____ Name (last): _____ Cell: _____
 Legal Guardian(2) Name (first): _____ Name (last): _____ Cell: _____

Parental Support

WE ASK FOR ACTIVE PARTICIPATION OF ALL PARENTS IN OUR PROGRAM. CHECK AREA(S) IN WHICH YOU WOULD BE WILLING TO SUPPORT.

COACH REFEREE TEAM PARENT CONTACT COMMUNITY BOARD

By submitting this registration to participate in our programs and signing below:

- (a) The registrant; or a
 - (b) if the registrant is under eighteen (18) years of age, a parent or legal guardian of such registrant; hereby consent to the collection, use and disclosure of personal information of the registrant and if the registrant is under (18) years of age, the collection, use and disclosure of personal information of the parents or legal guardian of the registrant, all as may be disclosed to us in this registration or at a later time (including information on the name, picture, address, telephone number, birth date, electronic mail address, and program participation history of the registrant and the parent or other legal guardian of such registrant), by us and our affiliated organization,;
 - (c) to permit us and our affiliated organizations to organize, administer and provide programs and activities which allow the registrant to participate in this program;
 - (d) to permit us and our affiliated organizations to conduct fundraising activities; and
 - (e) to permit us and our affiliated organizations to contact the registrant or the parents or legal guardian of the registrant by mail, telephone or electronic means;
 - (f) to return all rented or borrowed equipment when notified to do so, the failure of which will result in forfeiture of participation in future programs, and be financially responsible to reimburse the cost of the equipment that can not be returned to our community league.
 - (g) consent for medical treatment (minor),
- as the parent or legal guardian of the above named player, I hereby give my consent for emergency medical care prescribed by a duly licensed doctor of medicine or doctor of dentistry, this care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my dependent.

and such consent shall include consent to the disclosure of personal information to volunteers, employees, and third party fundraisers of us and our affiliated organizations for their use in association with the purposes set forth above

Payment

Cheque # _____ total \$ _____ dated _____
(mm/dd/yy)

Cheque # _____ total \$ _____ dated _____
(mm/dd/yy)

Cheque # _____ total \$ _____ dated _____
(mm/dd/yy)

Cash \$ _____

once paid in full the director signed below has agreed to this being a receipt for this program from dates:

start: _____ end: _____

X _____ Director

Any question to this may be made to President of hairsine Community.
 Hairsine@telus.net, 780-456-8199,
 PO box 50096 Clareview RPO Edmonton AB T5Y 2M9

X _____

Signature of registrant, or if legal registrant is under eighteen(18) years of age, a parent or other legal guardian of the registrant who hereby represents and warrants that he or she has the legal authority to act on behalf of the registrant

Name (printed): _____

Relationship to registrant : _____

Childs Name: _____

Date: _____

amount of program \$ _____

Volunteer requirements