

Registration Form

MultiSportXcellence

- Day's:
- Monday
 - Saturday

Cycle #:
Sessions Required:

| ATHLETE INFORMATION | | | | |
|-------------------------------|----------------|------------------------|--------------|----------------|
| LAST NAME: | FIRST: | GENDER | BIRTH: D/M/Y | AGE |
| CONTACT INFORMATION | | | | |
| ATHLETE EMAIL ADDRESS | | PARENT#1 EMAIL ADDRESS | | |
| | | PARENT#2 EMAIL ADDRESS | | |
| PARENT #1 LAST NAME | | FIRST: | | |
| PARENT #2 LAST NAME | | FIRST: | | |
| ADDRESS: | | CITY: | | |
| PROVINCE | POSTAL CODE: | HOME PHONE: | | |
| PARENT #1 DAY PHONE: (613) OR | CELL (613) OR | | | |
| PARENT #2 DAY PHONE (613) OR | CELL: (613) OR | | | |
| HEALTH INFORMATION | | | | |
| OHIP # | | EMERGENCY CONTACT: | | PHONE (613) OR |
| MEDICAL CONDITIONS: | | MEDICATIONS: | | |

WAIVER, CONSENT AND AUTHORIZAZION

In consideration of MSX accepting my child's application as a participant in the above program, I agree that my child will abide by the rules and regulations, policies and procedures of MSX 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, MSX, its officers, directors, employees or agents. I will notify MSX 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 MSX to provide my child with or make arrangements for emergency medical treatment.

Signature of Parent/Legal Guardian

Date

FOR OFFICE USE ONLY

Membership fees Paid \$

CHEQUE (Payable to Bkutu Systems)
CASH

CONTACT US

MSX OFFICE: 613 859 8617 or 859 2264

MSX E-MAIL: multisportxcel@gmail.com

FAX: 613 435 3983