



RUN JUMP THROW PROGRAM REGISTRATION FORM

Please complete and return with payment

Name of Participant: _____ AGE: _____ M/F

Address: _____ City: _____

Postal Code: _____

Birth date: _____ Phone: _____

MCP #: _____

Email: _____

Emergency Contact: _____

Emergency Contact Phone Number (other than that listed): _____

6-10 sessions (\$60, including t-shirt): Y/N

If less than 6 sessions, please indicate the number of sessions (\$10/ session): ____

If not all session, please indicate if a t-shirt is wanted (\$10): __

Total amount: \$_____

T-Shirt size (youth): S M L XL

Please make cheques payable to the Newfoundland and Labrador Athletics Association

PARTICIPANT LIABILITY RELEASE FORM

I hereby give permission for myself or my child(ren) _____ to participate in the Run Jump Throw program presented by the Newfoundland and Labrador Athletics Association. 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: the Newfoundland and Labrador Athletics Association and the 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.

Parent/Guardian Printed Name: _____

Signature: _____ Dated: _____