



Soccer Registration Form

The parent/guardian who completes and signs this form is the primary contact for The Gathering. Information submitted on this form can only be modified by the parent/guardian. If information provided on this form changes, it is your responsibility for updated information to be given to The Gathering in case of an emergency.

CHILD

Last Name _____ First Name _____ Middle Initial _____
 Sex _____ Age _____ D.O.B _____ Grade _____ School Name _____
 Street Address _____ City _____ Province _____ PC _____

Parent(s)/Guardians(s)

Last Name _____ First Name _____
 Home phone _____ Work phone _____ Cell phone _____
 E-mail _____

Additional person(s) authorized to pick-up child or notified in case of an emergency.

PRINT Name Relationship to Child Home Telephone Work Telephone Cell Telephone

PRINT Name	Relationship to Child	Home Telephone	Work Telephone	Cell Telephone

Days my child will be attending The Gathering’s Soccer Camp (please check all the apply)

Mon July 20/09 Tues July 21/09 Wed July 22/09 Thurs evening July 23/09

PARENT/GUARDIAN RELEASE FOR SPORTS/ACTIVITIES & PHOTOS

I hereby request that my son/daughter be permitted to participate in the Soccer Camp. As consideration for permitting my child to participate in Youth Activities, I hereby agree to indemnify and hold harmless The Gathering, and its officers, agents, employees, and volunteer aides, from any liability, which may arise in connection with this request. I understand my child will be under the general supervision of The Gathering staff during this program. I hereby authorize emergency treatment be given my child, if needed, by licensed medical personnel.

I understand that promotional pictures (individual and group) will be taken during these events. I give permission for my son’s/daughter’s picture to be used for any promotional materials (newsletter, web page, calendars, power point, etc.).

By my signing this, I release *The Gathering* Staff, additional chaperones and leaders, from any and all liabilities and waive all claims against them.

Signature of Parent/Guardian

Date

Child has the following medication/allergies/issues staff should be aware of:



Kids Soccer Camp Waiver & Medical Release Form

Activity: Kids Soccer Camp

Date: July 20-22, 2009

Name of Child: _____ Age: _____ D.O.B. _____

Address: _____ City _____ Province _____ Pc: _____

Main Phone: _____ Second Phone _____ School: _____

Does your child have any severe allergies? (bee stings, food, penicillin, other drugs) YES ___ NO ___

If yes, please explain: _____

Does your child have any life-threatening allergies? YES ___ NO ___

If yes, please explain: _____

Is your child bringing any medication with him/her? (Antibiotics, ventilator, Ritalin) YES ___ NO ___

If yes, please explain: _____

Does your child have any physical, emotional, mental or behavioral concerns or limitations that our staff should be aware of? YES ___ NO ___

If yes, please explain: _____

Precautions are taken for the safety and health of your child, but in the event of accident or sickness, *The Gathering* *, its staff, and its volunteers are hereby released from any liability. In the event that your child requires special medication, x-rays or treatment, the parents/guardians will be notified immediately.

Your child must be covered by Provincial Health Insurance or equivalent medical insurance.

Provincial Health Insurance Number: _____

Name of Family Physician: _____ Physician's Phone Number: _____

Parent/Guardian's Signature:

Date:

The Gathering Kids/Youth
550 River Road, Ottawa, ON, K1V 1E9, (613) 822-7440
info@thegatheringottawa.com