**REGISTRATION: Run, Jump and Throw Course**

**April 27th-28th**

**Fees:**

**\_\_\_\_ $232.00 Course Fee (non-certified teachers)** Attendance all WEEKEND is required

**\_\_\_\_**  **$158.00 Course Fee (Students/OTTL Members)** Attendance all WEEKEND is required

**\_\_\_\_** ***$158.00 Course Fee (certified teachers)*** Attendance SATURDAY only is required.

The “Teacher shorter version” of the course is on Saturday ONLY.

**Payment can be by cheque, cash or credit card (Master Card or Visa)**

**Payment is made on the day of arrival at the course. Payable to Ottawa Lions Track & Field**

**$35 late registration fee if registrations received after 4 p.m. April 23rd**

**HST to be added to each course fee**

**PARTICIPANT INFORMATION**

LAST NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_FIRST NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ SEX: M\_\_ / F \_\_

BIRTH: D/M/Y \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_ RESOURCE MATERIALS: ENGLISH\_\_\_\_ / FRENCH\_\_\_\_

**CONTACT INFORMATION**

EMAIL(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PROV or STATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

POSTAL CODE / ZIP CODE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CELL PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOME PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DAYTIME TELEPHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ANY COACHING HISTORY, CERTIFICATION & OTHER RELEVANT INFORMATION?:**

**NCCP Number (if you have one – not required): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MEDICAL INFORMATION**

Health Insurance #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMERGENCY CONTACT:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ANY MEDICAL CONDITIONS ?: MEDICATIONS ?:

**WAIVER, CONSENT AND AUTHORIIZATION:**

In consideration of the Ottawa Lions Track & Field Club (the “Club”) accepting my application as a participant in the above said program, I agree to abide by the rules and regulations, policies and procedures of the Club in respect to the said program. I am aware of the possibility of health and safety risks associated with my participation in the activities and I freely accept all risks associated with my participation. I assume all risks incidental to such participation, and do waive, release, absolve, indemnify and agree to hold harmless, other than for wilful default or negligence on their part, the Club, its officers, directors, employees or agents. I will notify the Club of my special medical condition or health history, if any. If the emergency contact person identified in this form cannot be reached and I have an injury, accident or fall ill, I hereby authorize the Club to provide me with or make arrangements for emergency medical treatment.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

FOR OFFICE USE ONLY: Payment by: cheque money order or credit card. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Credit Card Payment Option:**

Card Number: Expiry Date: 3 Digit Security Code

Cardholder’s Name: Amount: $

For further information contact the Ottawa Lions @ (613) 247-4886

[rjohnston@ottawalions.com](mailto:rjohnston@ottawalions.com) / [www.ottawalions.com](http://www.ottawalions.com)