

2012 WHEELCHAIR ATHLETICS SPRING CLINIC REGISTRATION FORM

Presented by
BC WHEELCHAIR SPORTS

Name		Male <input type="checkbox"/>	Female <input type="checkbox"/>
Address			
City/Prov		Postal	
Phone	Home -	Work -	
	Cell -		
Email		Date of Birth	
Club Affiliation:			

Event Information

Sunday, March 11th, 2012: **Richmond Olympic Oval** - 9:00am-4:00pm
6111 River Road, Richmond, B.C.

-Lunch and drinks will be provided. Please indicate whether you require a vegetarian option

Registration Fee: \$10.00 (fee can be paid day-of event)

**Travel subsidies will be available for out of town athletes and coaches.
Please contact Holly Tawse for further information.

Registration form can be mailed or emailed:

BC Wheelchair Sports Association
Attn: Holly Tawse
780 SW Marine Drive, Vancouver, BC, V6P 5Y7
holly@bcwheelchairsports.com

CONSENT AND WAIVER

I, the participant, on behalf of myself, members of my family, my heirs, executors, administrators and assigns, hereby forever release, discharge and hold harmless BC Wheelchair Sport Association and all other associations and sponsoring companies and all other parties, including agents, other associations and sponsoring companies, connected with the Wheelchair Athletics Spring Clinic, for any injury, loss or damage to my person or property howsoever caused, arising out of or in connection with my taking part in the Wheelchair Athletics Spring Clinic and activities and notwithstanding that the same may have been contributed to or occasioned by the activities of BC Wheelchair Sports Association and all other parties, including agents, servants and volunteers of BC Wheelchair Sports Association, other associations, and sponsoring companies. I also give full permission for use of my name, image and/or photograph in connection with this event. * We respect your privacy, and will not sell or share your personal information with any other party or organization without your consent.

Signature

Parent/Guardian Signature
(if under the age of 19 yrs)

Date