

2012 WHEELCHAIR ATHLETICS WINTER 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	

Event Information

Saturday, January 21, 2012: **GF Strong Rehabilitation Centre**
4255 Laurel Street Vancouver, B.C.

Sunday, January 22, 2012: **Richmond Olympic Oval**
6111 River Road, Richmond, B.C.

- Please indicate if you will need to loan a racing chair to participate in the event. Yes No
- Please indicate which sport(s) you would like participate in
 Wheelchair racing Throws (i.e., shot put, discus, javelin or club) or Both
- Lunch and drinks will be provided. Please indicate whether you require a vegetarian option

Registration Fees

- Early-Bird Rate (Received by December 21st) - \$20.00
- Received after December 21st - \$30.00
- One-Day Rate (Saturday OR Sunday) - \$15.00

**Subsidies are available for out of town coaches/athletes as well as subsidies for those with financial need.

Enclosed: cash cheque (payable to BC Wheelchair Sports Association)

Registration form and payment can be mailed: **or faxed:** 604-333-3450

Holly Tawse
BC Wheelchair Sports Association
#210-3820 Cessna Drive, Richmond, BC V7B 0A2

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 Winter 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 Winter 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