

CHESTERMERE REGIONAL COMMUNITY ASSOCIATION (CRCA) REGISTRATION FORM Please Print

Participant Name: _____ Birth Date: (if under 18) _____ Gender: M ___ F ___



Program Name: _____ Program Level: _____

CRCA Community Membership #: _____ Session Date: _____

Program Fee: _____ **SOCCKER ONLY** : Recreational ___ Competitive ___ CMSA ID# _____

Parent / Primary Contact: _____

Address: _____ City: _____ AB Postal Code: _____

Phone Numbers: (H) _____ (W) _____ (Cell) _____

Email Address: _____

Second Parent / Other / Emergency Contact: _____ Relationship to Participant _____

Address: _____ City: _____ AB Postal Code: _____

Phone Number: (H) _____ (W) _____ (Cell) _____

Email Address: _____

Medical Conditions, Allergies, Other Issues: _____

None (please check) _____

Alberta Health Care # _____ Doctor's Name and Contact Information: _____

Special Requests (These requests **are not** guaranteed)

Are you interested in Volunteering? Yes ___ No ___ (Special Events, Coach, Manager, Casino, Fundraising, Board Director)

What areas interest you? _____

Waiver Must Be Signed (Parent or Guardian must sign this waiver if the participant is under the age of 18) In consideration for attending or participating in Chestermere Regional Community Association (CRCA), classes, practices, events and games, and field trips, I for myself, my heirs, executors, administrators and assigns, do hereby release the CRCA, its employees and agents, from any claims, damages or causes of action arising out of or in connection with any loss, injury or damage to my person or property incurred while attending or participating in a CRCA event or game, regardless of whether or not such loss, injury or damage arises by reason of the negligence of the CRCA or its employees and agents. I further agree to indemnify the CRCA or its employees and agents from any claim or demands which might be made against the CRCA arising out of consequence of my attendance at or participation in any event or game at the CRCA.

Photo Participant Release, Waiver of Claim: I am prepared to grant, now and in the future, CRCA permission to use, for promotional and/or educational use only, any photographs, video taped footage, or audio recording taken of the participant in any CRCA Program or Special Event. Yes No

SIGNATURE: _____ **DATE:** _____

Refund Policy: If the facility cancels a program, a full reimbursement will be issued. Withdrawal from any program will be subject to a non-refundable \$50.00 administration fee. After the registration deadline, refunds will only be issued for medical reasons, and require a doctor's note. Medical refunds will be pro-rated based upon the number of classes left, any participant expenses such as uniforms, insurance fees etc and subject to the administration fee.

FOR OFFICE USE ONLY

Payment Amount: _____ Cheque #: _____ Cash: _____ Debit: _____ Visa: _____ **Receipt #:** _____

Staff Initials _____ Notes: _____