

**GOLDEN HORSESHOE DISABLED SPORTS ASSOCIATION
REGISTRATION FORM 2011/20012**

ATHLETES

NAME: _____ **DOB:** _____

ADDRESS: _____ **CITY:** _____

POSTALCODE: _____

PHONE: _____ **CELL:** _____

EMAIL: _____

PARENT(S) GUARDIANS(S)

NAME(S): _____

EMAIL: _____

ADDRESS&PHONE (if different from Athlete) _____

ATHLETE'S

DISABILITY: _____ **ALLERGIES:** _____

EMERGENCY CONTACT _____

PHONE# _____

DOCTOR'

NAME/ADDRESS/PHONE: _____

If Medication or treatment is required during programs, please give details:

EQUIPMENT LOAN: GHDSA agrees to loan equipment listed below- describe and record all equipment

I take full responsibility for the care and safe storage of the above equipment on loan and will report any damage or breakage to the Board of Directors immediately. Any time you receive or borrow equipment this document should be updated.

_____ Date

_____ Date

Signature of Board Member Signature of Athlete/Parent

Change#1: List equipment returned: _____ List equipment borrowed: _____

_____ Date _____

_____ Date _____

Signature of Board Member _____

Signature of Athlete/Parent _____

If an athlete is no longer in good standing or does not participate in GHDSA's programs(s), all loaned equipment must be returned to GHDSA at once.

The Board reserves the right to assign a fee for any lost or damaged equipment, uniforms or materials.

No Equipment may be released without proper documentation. The board reserves the right to recall any equipment.

RESPONSIBILITY & PICTURE WAIVER:

Be advised that for all of GHDSA's Programs, every attempt has been made to assure the safety and enjoyment of each participant. Participation in programs and activities requires that you read the information below and indicate that you agree to abide by all conditions stated by signing this form where indicated. I _____

PLAN TO PARTICIPATE IN _____

I understand that I must comply with the directions of the coaches/volunteers/board members to maintain a safe environment for everyone. The City of Burlington, The Town of Oakville, Halton District School Board, Halton Roman Catholic School Board, Burlington Transit, Sports for Disabled Ontario, Team Sponsors, Members and affiliates of GHDSA cannot be held responsible for any injury/injuries incurred during or in any relation to the program(s).

I also confirm that any pertinent information has been recorded on my Program Registration form.

_____ Date _____

(If under 18; Parent's/Guardian's signature) Relationship to athlete

WITNESS

_____ Date _____

GHDSA has the right to use my picture(s) or videos for fundraising/web site/pamphlets etc. **YES NO**

GHDSA has a **CODE OF CONDUCT** as required by Sport for Ontario, Swim Ontario, and The Canadian Wheelchair Basketball Association, The City of Burlington, The City of Oakville and both the Catholic and Public School Boards. Every member and person involved in any activity of the

GHDSA. Athletes, Coaches, and board members(Parents, siblings, friends) are required to apply by the Code of Conduct.

All athletes must sign:

I, _____ Date _____ If Athlete under 18

Parent/Guardian Signature agreeing that

Athlete's Signature

they have received and read

the code of conduct.

_____ Date _____

WITNESS BY A BOARD

MEMBER _____ Date _____