## Template – Registration Form

**“Organization” refers to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |
| --- |
| **PERSONAL INFORMATION** |
| Registrant’s Full Name (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Registrant’s Birthdate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Registrant’s Gender Identity: \_\_\_\_\_\_\_\_\_\_\_Registrant’s Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Street Address City Prov Postal CodeRegistrant’s Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Cell Phone Home Phone Email AddressRegistrant’s Medical Information (OPTIONAL): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Allergies / Medical Conditions / Treatment / Medication-------------------------------------------------------------------------------------------------------------------------------------------------------------------*If the Registrant is 17 years old or younger:*Name(s) of Registrant’s Parent(s)/Guardian(s) (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Parent/Guardian’s Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Cell Phone Home Phone Business PhoneParent/Guardian’s Email Address(es): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **ORGANIZATION DETAILS** |
| Organization Registration Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Organization Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\*\* Enter details re: category, sport, performance level, etc. \*\* |
| **CONSENT FOR USE OF PERSONAL INFORMATION AND PHOTO RELEASE** |
| 1. I, the undersigned, authorize (\_\_\_\_\_\_\_\_\_\_\_\_\_ *PSO*) and (*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Organization*) (collectively the “Organizations”) to collect and use personal information about the Registrant for the purpose of receiving communications and the purposes described in the Organization’s *Privacy Policy*.
2. Furthermore, I grant permission to the Organizations to photograph and/or record the Registrant’s image and/or voice on still or motion picture film and/or audio tape, and to use this material to promote the sport and/or the Organizations through the media of newsletters, websites, television, film, radio, print and/or display form. I understand that I waive any claim to remuneration for use of audio/visual materials used for these purposes.
3. I understand that I may withdraw such consent at any time by contacting either Organization’s Privacy Officer. The Privacy Officer will advise the implications of such withdrawal.
 |
| **ACCEPTANCE OF TERMS AND CONDITIONS** |
| In consideration of the acceptance of the Registrant’s membership in the Organizations, I agree that the Registrant will:1. Abide by the policies, rules and regulations of the Organizations.
2. Accept sole responsibility for the Registrant’s personal possessions and athletic equipment.

I acknowledge that I have read this registration agreement in its entirety and that I have executed this registration agreement voluntarily.**By typing/printing my name below and clicking/checking the “I Agree” icon, I agree that I am bound by all that is contained in this Registration Form.** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ I AGREE****Name of Participant Date****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ I AGREE****Name of Participant’s Parent/Guardian Date****(*if the Participant is 17 years old or younger*)** |