



**THE CHURCH OF VIRGIN MARY AND SAINT ATHANASIOS**

*Athletic Activity  
Registration Form*

**Date:** \_\_\_\_\_

**Payment:**  Cheque       Cash

**Please fill in the following form with the correct applicant information:**

Athlete's Name: \_\_\_\_\_  
\_\_\_\_\_

Date of birth: \_\_\_\_\_

Telephone: \_\_\_\_\_

Health Card Number: \_\_\_\_\_

Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Tel. of Emergency Contact: \_\_\_\_\_

City: \_\_\_\_\_ Province: **Ontario**

Email Address: \_\_\_\_\_

**SELECT THE PROGRAM WHICH YOU WHICH TO JOIN:**

*HIGH SCHOOL GIRL'S BASKETBALL*

Girl's Basketball Gr. 6 - 12

*JUNIOR SOCCER*

Co-Ed 7-13

*ST. MARY'S BASKETBALL*

Up 'N Comers (gr.3 - 8)

High School boys (gr.9-12)

Men's Basketball (University)

*YOUTH AND MEN'S SOCCER*

Adult Men's

*COED VOLLEYBALL*

UNIVERSITY AND UP

**MEDICAL CONSENT STATEMENT** I have provided The Canadian Coptic Centre with all the necessary medical information and I can be reached at the number(s) listed. I authorize the staff to administer first aid to my child and to secure medical care for my child in an emergency as deemed appropriate by the attending physician(s).

**REFUND POLICY** There is a \$10 administrative fee plus weeks spent in the program that will be deducted from the total registration fees.

**CONSENT FORM** I agree that as a participant in The Canadian Coptic Centre winter leagues, my child / ward \_\_\_\_\_ will participate at The Canadian Coptic Centre. I agree that the choice to participate brings with it assumptions of those risks and results, which are part of these activities. I agree that The Canadian Coptic Centre and their trustees, officers, directors, employees, agents and independent contractors shall not be liable for any injury to my child / ward's or loss or damage to my child / ward personal property arising from, or in any way resulting from my child / ward's participation in these activities.

**I am Coptic Orthodox and will abide by all rules and regulations imposed by the Canadian Coptic Centre. I fully understand that failure to abide to these rules will result in immediate dismissal from the program without any refund.**

**I have read this Release and Waiver carefully. I fully understand its content, and voluntarily agree to its terms.**

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_