

## 2011 Eski-mini/Jr. Esks/Eski-Ladies Registration Form

Name-\_\_\_\_\_

Address-\_\_\_\_\_

Postal Code-\_\_\_\_\_ City-\_\_\_\_\_

Phone Number-\_\_\_\_\_ E-mail address-\_\_\_\_\_

Age- \_\_\_\_ Birth date-\_\_\_\_\_ Yrs with program-\_\_\_\_

Alberta Health Care Number-\_\_\_\_\_

Please check any known medical conditions:

Allergies: \_\_\_\_ Asthma-\_\_\_\_ Diabetes's-\_\_\_\_ Other-\_\_\_\_\_

Previous Injuries:\_\_\_\_\_

**Circle Program- Eski-minis Jr. Esks Eski -Ladies**

I, the undersigned parent /guardian do hereby grant permission for my son/daughter \_\_\_\_\_ to participate in the \_\_\_\_\_ Program. I acknowledge, understand and agree that while participating there is a possibility of physical injury/illness and that my son/daughter is assuming risk of such injury/illness by his/her participation. I assume full responsibility for my son/daughter's participation. In order that my son/daughter may receive the necessary medical treatment in the event of injury or illness, I hereby authorize the team staff to seek medical treatment for my son/daughter for any injury/illness sustained while under their supervision. Furthermore the staff and Eskimo organization will not be held responsible for any injury or illness incurred while my son/daughter is participating in the program.

Parent/Guardian Name (please print): \_\_\_\_\_

Parent /Guardian Evening Phone #- \_\_\_\_\_ Date-\_\_\_\_\_

Parent/ Guardian Signature: \_\_\_\_\_

Office Use only

Payment: cheque: \_\_\_\_\_ cash: \_\_\_\_\_ Tee: \_\_\_\_\_ Short : \_\_\_\_\_

Name on cheque: \_\_\_\_\_ Date: \_\_\_\_\_