



Registration and Parental Consent Form

Parents or legal guardians of children must complete this form and return it to
The University of Winnipeg Athletics department to finalize registration.

Child's First Name: _____ Child's Last Name: _____

Age: _____ Birthdate: __/__/__ (mm/dd/yy)

Parent/Guardian First Name: _____ Parent/Guardian Last Name: _____

Parent/Guardian First Name: _____ Parent/Guardian Last Name: _____

Home Address: _____ City: _____ Postal Code: _____

Email Address: _____ Alternate Email Address: _____

Home Phone: _____ Cell Phone: _____

Medical Information

List ALL health restrictions or concerns (i.e. Allergies, asthma, injuries):

Does your child need to carry medication with them (i.e. Inhaler, Epipen)? (circle/highlight one) If yes, please specify:

Yes No

List ALL dietary restrictions:

Additional Information

List any siblings who will also be registered in Mini Soccer: _____

Siblings who fall within the same age group will be placed on the same team unless parents/guardians request otherwise

List any friends your child would like to be grouped with: _____

We will do our best to place friends on the same team

How did you hear about UWinnipeg Mini Soccer? (circle/highlight one)

Website

School Advertisement

Poster

Referred by a friend: _____

Other: _____



**BY SIGNING THIS AGREEMENT YOU WILL WAIVE CERTAIN
LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE. PLEASE READ CAREFULLY!**

RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

ASSUMPTION OF RISK - I am aware and acknowledge that use of this facility or participating in an activity, including Clubs, Recreational and Intramurals/Leagues and weight and aerobic training has many inherent risks, including but not limited to: 1. bodily injury 2. lost or stolen property . I freely accept and fully assume all such risks, dangers and hazards and the possibility of personal injury, death, property damage or loss, resulting therefrom. I acknowledge that the University of Winnipeg does not possess any knowledge with respect to my current medical condition, and that I am using the Institute at my own risk. In consideration of The University of Winnipeg allowing my use of the facility or participation in the activity of club/intramural programs or sport, sport league, fitness or weight and aerobic training (hereinafter the "activity"), I agree as follows:

1. TO WAIVE ANY AND ALL CLAIMS that I have or may have in the future against The University of Winnipeg, and its members, officers, employees, student agents, volunteers and independent contractors (all of whom are hereinafter collectively referred to as "the Releasees");
2. TO RELEASE THE RELEASEES from any and all liability for any loss, damage, injury or expense that I may suffer, or that my next of kin may suffer as a result of my use of the facility or participation in the activity due to any cause whatsoever INCLUDING NEGLIGENCE, BREACH OF CONTRACT, OR BREACH OF ANY STATUTORY OR OTHER DUTY OF CARE, INCLUDING ANY DUTY OF CARE OWED UNDER THE OCCUPIERS LIABILITY ACT, C.C.S.M. c 0-8 AS AMENDED ON THE PART OF THE RELEASEES:
3. TO HOLD HARMLESS AND INDEMNIFY THE RELEASEES from any and all liability for any damage to the property of, or personal injury to, any third party and any and all claims, demands, actions and costs resulting from my participation in the activity.
4. This agreement shall be effective and binding upon my heirs, next of kin, executors, administrators, assigns and representatives in the event of my death or incapacity.

In entering into this Agreement, I am not relying upon any oral or written representations or statements made by the Releasees other than what is set forth in this Agreement.

I HAVE READ AND UNDERSTOOD THIS AGREEMENT AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS WHICH I OR MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS AND ASSIGNS MAY HAVE AGAINST THE RELEASEES.

INDEMNIFICATION: If the participant is under the age of 18 this indemnification must be signed by a parent or guardian.

Your signature also confirms that you will abide by the RecPlex Rules and Regulations

Full Name of Child (please print): _____

Parent/Guardian Name (please print): _____

Signature: _____

Date: _____