



OTTAWA HELLENIC ATHLETIC ASSOCIATION (O.H.A.A.) 2010 INDOOR SOCCER - REGISTRATION FORM

MUST BE RETURNED BEFORE PLAYER CAN PARTICIPATE

PLAYER INFORMATION:

Player First Name: _____ Player Last Name: _____

Sex: _____ Birth date (dd/mmm/yyyy): _____

Home Address : _____ City: _____

Province: _____ Postal Code: _____ Home Phone: _____

Please indicate any medication, health, behavioural or allergy problem that the club should be aware of:

PROGRAMS AND REGISTRATION FEES (please check appropriate program):

Indoor Development - Cost: \$150

PAYMENT IS REQUIRED AT THE TIME OF REGISTRATION

Please make cheques payable to O.H.A.A.

PHOTO CONSENT FORM:

- In order for your child to be included in team pictures, consent must be provided by the Parent / Guardian
- Photographs, videos, films or interviews will only be taken with the prior knowledge and consent of the OHAA Youth Development Program

I / we hereby consent (by signing this registration form) to the taking of photographs, video, films or digital recordings of my / our child and inclusion in any of the following:

- Publications produced by the Hellenic Community of Ottawa or other Hellenic related publications, authorized OHAA Youth Development Program
- The Hellenic Community of Ottawa website or other Hellenic related websites, authorized OHAA Youth Development Program
 - Other media, as authorized by OHAA Youth Development Program

PARENT / GUARDIAN INFORMATION:

THE OTTAWA HELLENIC ATHLETIC ASSOCIATION (O.H.A.A.) AND ITS REPRESENTATIVES ARE NOT RESPONSIBLE FOR ANY INJURIES INCURRED BY A PLAYER DURING ANY O.H.A.A. ACTIVITIES SUCH AS REGULAR / PRACTICE / EXHIBITION / TOURNAMENT GAMES UPON SIGNING OF THIS DOCUMENT. THE PLAYER OR PARENT, IF THE PLAYER IS UNDER 18 YEARS OF AGE, SHALL TAKE FULL RESPONSIBILITY FOR ANY INJURIES SUFFERED BY SAID PLAYER WHILE PARTICIPATING IN O.H.A.A. ACTIVITIES.

Parent / Guardian Name: _____

Signature of Parent / Guardian: _____

Date: _____

Cell Phone: _____ Work Phone: _____

Email: _____