

2009 WHEELCHAIR RUGBY LEAGUE REGISTRATION FORM

PLAYER INFORMATION

First Name: _____ Last Name: _____

Address: _____ City/Prov: _____ Postal: _____

Phone: _____ Email: _____

Date of Birth: _____

I am unable to attend the following days: Sept 27, Oct 10, Oct 24, Nov 22 and Dec 10

WAIVER FORM

I, the undersigned, for myself, my heirs, successors and assigns, agree to release and forever discharge BC Wheelchair Sports Association, the BC Wheelchair Rugby Association and their officers, employees and agents from any and all liabilities, demands, or claims for loss or damage resulting from any injury or damage which may be sustained on account of my participation in the 2009 Pacific Northwest Wheelchair Rugby League.

I also consent to medical treatment in case of emergency. I agree to full responsibility for payment of any fees incurred as a result of necessary medical treatment.

Entry, participation or attendance during the 2009 Pacific Northwest Wheelchair Rugby League constitutes permission to be photographed or videotaped for publicity, educational, promotional or media purposes and constitutes a waiver of any and all claims for compensation from all sponsoring agencies.

Participant's Signature

Date

Participant's Name (*please print*)

Parent/Guardian (*if under 18yrs*)

Date

PAYMENT INFORMATION

Annual League Cost: \$125.00

Please write player's name on front of the cheque. Make cheques payable to BCWSA.

Paid by: Cheque Cash Visa/MasterCard

Credit Card Number _____

Exp Date _____

