



SPORTS SERVICES ACTIVITIES REGISTRATION FORM

Montpetit Hall
 PC Level
 125 University Private
 Ottawa, ON
 K1N 6N5

Sports Complex
 Main Level
 801 King Edward
 Ottawa, ON
 K1N 6N5

QUESTIONS?
 gee-gees@uottawa.ca
 613-562-5789
 www.geegees.ca

GENERAL INFORMATION

PARTICIPANT'S LAST NAME		
PARTICIPANTS FIRST NAME		
STUDENT NO. / EMPLOYEE NO. / MEMBER NO.		
ADDRESS		
CITY	PROVINCE	POSTAL CODE
GENDER	DATE OF BIRTH (dd/mm/yy)	
TELEPHONE NO.	T-SHIRT SIZE	
E-MAIL ADDRESS		

ACTIVITY

CODE / TITLE	COST
CODE / TITLE	COST
SUB-TOTAL \$	
HST 13% \$	
GRAND TOTAL \$	

Refunds/Cancellations: There are no refunds for the following activities: aerobic dance, certification programs, outdoor activities, single pass, season passes, lockers and personal training. For other activities, a reimbursement of a minimum amount of 10\$ or administration fee of 10% can be provided if cancelled before the second calendar date of the activity. The original receipt is required for all reimbursements.

Notes : Your personal information is collected under the authority of the University of Ottawa Act. It is collected for the purposes of recruitment, admission, registration, graduation, progression, administration, and other activities related to the University's programs and services. At all times, it will be protected in accordance with the Freedom of Information and Protection of Privacy Act. If you have questions, please refer to <http://web5.uottawa.ca/admingov/privacy.html> or contact the University's Freedom of Information and Protection of Privacy Coordinator at secruniv@uOttawa.ca or at 613-562-5950.

HOW DID YOU HEAR ABOUT OUR PROGRAMS?

--

PAYMENT METHOD

In order to guarantee your registration in the chosen program, full payment and a completed registration form must be received. Cheques are payable to the University of Ottawa. A returned cheque is subject to a \$40 administration fee.

CASH	DEBIT	CHEQUE	VISA	MC
CREDIT CARD NO.			EXPIRY DATE	
CARD HOLDER				
SIGNATURE				

INFORMED CONSENT AND WAIVER

I AM AWARE of the potential health and safety risks and I ASSUME FULL RESPONSIBILITY for any personal injury, damage or death when using the University of Ottawa's Sports Services facilities and services and while participating in its sports activities and programs. Such risks may include, but are not limited to, any injury or illness resulting from use, misuse and failure of any facility or equipment. Other risks of playing or practising in a sport may include, but are not limited to, death, serious neck and spinal injuries which may result in complete or partial paralysis or brain damage, serious injury to any bone, joint, ligament, muscle, tendon, and/or serious injury or impairment to other aspects of my body, general health and well-being. I ACCEPT the responsibility of discussing my use of the facilities and services and/or participation in the activities and programs with my physician and to obtain adequate medical, health, dental, accident and all other forms of insurance coverage which may apply. I FURTHER ACCEPT the responsibility to inform myself on using the equipment or facility, and to avail myself of Sports Services' information, training, or introduction sessions; and to seek assistance when necessary. I UNDERTAKE to inform the University of Ottawa of any pain, discomfort or other symptom that I may experience during any activity or program or during my use of any facility or service and to discontinue such activity, program or use voluntarily or if required by the University of Ottawa. IN CONSIDERATION of my use of the facilities and services and/or my participation in the activities and programs of the University of Ottawa's Sports Services, I RELEASE the University of Ottawa, its directors, officers, employees, students, volunteers and other representatives (hereinafter referred to as the "University"), from any and all liability, claim, demand or action for any present or future loss, damage, injury or expense that I may suffer or that my next of kin may suffer arising from such use or participation.

I ACCEPT that this document shall be binding upon my heirs, next of kin, executors, assigns and representatives in the event of my death or incapacity. I HAVE READ AND I UNDERSTAND ITS CONTENT, AND I ACCEPT that by signing this document I am waiving certain legal rights which I or my heirs, next of kin, executors, assigns and representatives may have against the University.

I FURTHER AUTHORIZE the University to take photographs during my participation for promotional materials.

Date	Signature (and if minor, parent / legal guardian)