



FIT FAMILY AND FRIENDS ATHLETE REGISTRATION FORM 2019

Athlete's Full Legal Name:	Preferred Name:
Phone Number(s):	
E-mail address(es):	
Preferred method of contact: Phone OR Email	
Is Athlete a member of the Exploits Hurricanes? YES OR NO	
Emergency Contact:	
Name:	
Cell Phone:	
Allergies/Dietary:	

Athlete, Parent, or Guardian Release

(Must be signed by a parent or guardian for athletes under the age of 18 years)

I, the undersigned athlete, parent and/or legal guardian of the above named athlete, hereby request permission for the Athlete to participate in the Newfoundland and Labrador /Canadian Special Olympics Program. I represent and warrant you that the athlete is physically and mentally able to participate in Newfoundland & Labrador/Canadian Special Olympics.

On behalf of the athlete and myself, I acknowledge that the athlete will be using facilities at his/her own risk and I, on my own behalf, hereby release, discharge and indemnify Newfoundland & Labrador /Canadian Special Olympics Inc. from all liability for injury to person or damage to property of myself and entrant. In permitting the Athlete to participate I am specifically granting permission to you to use the likeness, voice and words from the athlete in television, radio, films, newspaper, magazine, and other, media, and in any form not heretofore described for the purpose of advertising or communicating the purposes and activities of Newfoundland and Labrador/Canadian Special Olympics and in appealing for funds to support such activities. If I am not personally present at Newfoundland & Labrador/Canadian Special Olympics activities in which the athlete is to compete or train, so as to be consulted in the case of necessity, you are authorized on my behalf and at my account to take such measures and arrange for such medical and hospital treatment as you may deem advisable for the health and well-being of the athlete,

Any and all references to Newfoundland & Labrador/Canadian Special Olympics Inc. include and apply equally to the Provincial and Territorial Chapters of Newfoundland & Labrador /Canadian Special Olympics Inc.

Athlete or Guardian: _____ If Guardian, what is relationship: _____

Signature: _____ Date: _____