

**OFFICE USE ONLY**

Period of Registration Coverage (months/year): \_\_\_\_\_

**JUST FOR KICKS (JFK)  
REGISTRATION FORM 2016**



**PARTICIPANT/CHILD INFORMATION**

Participant/Child Name: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: Male Female

Disability: \_\_\_\_\_ Attending which School: \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

Parent/Guardian Name: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Is your child a recurring participant in the Just for Kicks program?  YES  NO

If you answered "NO" to the above question, how did you hear about the Just for Kicks Program?

\_\_\_\_\_

**AUTHORIZATIONS/PERMISSIONS**

**Photo/Video Release**

I authorize CanAssist and Vikes Athletics & Recreation at the University of Victoria to reproduce photos and/or videos taken of me and/or my child (and include the names of those shown) in print or electronic media for educational, promotional, fundraising or other purposes consistent with CanAssist's mandate and organizational goals (note: I understand that CanAssist or Vikes Athletics & Recreation will contact me and obtain permission before agreeing to allow any non-UVic publishers to reproduce any of these photographs or videos).

YES

NO

**Permission for Contact**

I would be pleased to receive invitations to CanAssist events or copies of CanAssist newsletters or other similar materials, to the above indicated residence address or email address.

Residence Address:     YES                                     NO  
Email Address:             YES                                     NO

**Waiver and Release of Liability**

I, as the parent/guardian and on behalf and for the benefit of the participant/my child who will participate in the CanAssist and Vikes Athletics & Recreation Just For Kicks (JFK) soccer program, understand and hereby acknowledge that there is inherent risk of serious and permanent bodily injury or other types of injury to the participant/my child as a result of their participation in any sporting and athletic activities, including the JFK soccer program. By signing this registration form I agree, on behalf of myself and for the participant/my child, to assume all risk related to any serious and permanent bodily injury or any other injury as a result of our participation in this program, and through this, I **RELEASE AND HOLD HARMLESS** CanAssist and Vikes Athletics & Recreation and its employees, agents and volunteers and the University of Victoria and its Boards, Officers, Employees, Students, Agencies and Agents, against all liabilities, demands, expenses and losses and from any and all claims of any type whatsoever for bodily or other injuries sustained by the participant/my child or myself arising out of or from any JFK related practices, drills, games or any other JFK related activities.

**In signing this registration form, I am expressly stating that I have read this form completely, understand the terms and condition herein, have provided correct information, and fully understand the risks associated with the participant/my child and/or myself participating in the JFK soccer program.**

**Date:** \_\_\_\_\_ **Parent/Guardian Signature:** \_\_\_\_\_