



# Hope and Health | Vancouver Island | Nanaimo

## Registration Form

### Event

**Participant (Ages 5-18)** Please note: this is an event dedicated to Aboriginal children and youth.

- Skills & Drills**- August 20th 2018 10:00 am to 3:00 pm- Merle Logan Turf Field- Beban Park (Registration starts at 9:00am)  
- Participant receives an authentic jersey, socks, game size ball, lunch, snacks, water and high touch interaction with WC FC Players

### Attendee/Player Information

First Name\* Last\* Jersey Size XS/S/M/L/XL\* Gender: M – Male / F – Female

Date of Birth (MM/DD/YYYY) Age Nation

If applicable, list any medical problem(s)/physical limitation(s) or allergies that the participant has and any requirements for support.

### Parent/Guardian Information

First Name \* Last\* Relationship to the child/youth\*

Street Address\* City Province

Phone \* Email\*

### Waivers

I, the parent/guardian of the above-named player, acknowledge that soccer is a physically-demanding activity which can result in injury. In consideration of the player's participation in activities hosted by Hope and Health For Life Society, I, for myself and the player and our respective heirs, administrators and successors, intending to be legally bound, hereby release and indemnify Hope and Health for Life Society, its officers, directors, employees and volunteers from and against all claims, liabilities, damages or causes of action arising out of or in connection with the player's participation in the activities.

**I have read the waiver, and agree to abide by the, as a condition for registering my child.**

Parent/Guardian Signature Date

I hereby consent to and authorize the use and reproduction by Whitecaps FC and Hope and Health for Life Society of any and **all photographs and/or video** that have been taken the above named child, for any purpose, without compensation to me, the child or assignees. Hope and Health reserves the right to use these photographs and/or video for online publication or media release. **I hereby report that I am 18 years of age or older and have read and understood the terms of this release.**

Parent/Guardian Signature Date

Please email/scan registration to Kw'umut Lelum [reception@kwumut.org](mailto:reception@kwumut.org) or fax 250-591-0935

*Need more Information? Have Questions? Call the Hope and Health for Life Society Chair, Deana Gill at 604.388.4673 or email at [deana@hopeandhealth.org](mailto:deana@hopeandhealth.org)*