



Valour Community Centre Sports and Programming Registration Form

Last Name: _____ First Name: _____

Address: _____

Postal Code: _____ Phone Number: _____

Email: _____

Sport/Program: _____

Emergency Contact (if under 18 years of age)

Name: _____ Phone Number: _____

Consent *Must be 18 or have parental permission*

I, _____ (PRINT) acknowledge all risks and hazards incidental to such participation in this program at the Valour Community Centre. I give permission to Valour Community Centre to arrange transport for the above participant to an appropriate medical facility as needed.

_____ (SIGN)

_____ (DATE)