

# ADAPTIVE SPORT PROGRAM

A program specially developed for you.



## REGISTRATION FORM

### PROGRAM INFORMATION:

Program Type: \_\_\_\_\_ Location: \_\_\_\_\_

Location: \_\_\_\_\_ Time: \_\_\_\_\_ Start & End Date: \_\_\_\_\_

### REGISTRATION INFORMATION:

Child's Name: \_\_\_\_\_ Gender: \_\_\_\_\_ DOB (mm/dd/yy): \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email\*: \_\_\_\_\_ Home Phone\*: \_\_\_\_\_ School Attending: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Phone (Bus.): \_\_\_\_\_ Mobile: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Phone (Bus.): \_\_\_\_\_ Mobile: \_\_\_\_\_

\* During the classes all participants under 16 years of age need to be accompanied by a parent or guardian at all times.

### PAYMENT INFORMATION: (\*not applicable if registered and paid through a municipality)

Amount: \_\_\_\_\_ Method of Payment:  Cheque  Cash

Cheque #: \_\_\_\_\_

\*Please make cheques payable to PROSET AUTISM Inc., and sent to **69 Mount Victoria, Hudson, Quebec, J0P 1H0** or bring to the first lesson.

I have read and agree to all of the attached policies and liability waivers on this registration form

### Policies:

- Inclement Weather: If a class must be cancelled due to inclement weather, you will be informed by the trainer.
- Refund Policy: If Proset Autism, Inc. must cancel a clinic due to inclement weather we will provide you with a make up lesson at the end of the agreed package or a credit for the next session.
- Refunds will not be issued for participant absences or cancellations.
- For the safety and health of all children with allergies, I agree not to take nut products into any Proset Autism facility.
- I agree that the Proset Autism, Inc. can collect, use, disclose and store personal information as set out in their Liability Wavier
- I have read and signed the liability waiver, releasing Proset Autism, Inc., their trainees from all claims.

SIGNATURE\*: \_\_\_\_\_ DATE: \_\_\_\_\_

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## LIABILITY WAIVER

To the best of my knowledge, I am in good physical condition and fully able to participate in the Proset Autism, Inc. tennis program. I am fully aware of the risks and hazards connected with the participation in this event, including physical injury or even death, and hereby elect to voluntarily participate in said event, knowing that the associated physical activity may be hazardous to me and my property. I voluntarily assume full responsibility for any risks or loss, property damage, or personal injury, including death, which may be sustained by me, or loss or damage to property owned by me, as a result of participation in this program.

I hereby release, waive, discharge, and covenant not to sue, Proset Autism Inc., their volunteers, officers, servants, agents, and employees (hereinafter referred to as releasees) from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or to any property belonging to me, while participating in physical activity, or while on or upon the premises where the program is being conducted.

It is my expressed intent that this release and hold harmless agreement, shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a release, waive, discharge, and convention to sue the above named releasees. I hereby further agree that this waiver of liability and hold harmless agreement shall be constructed in accordance with the laws of any of the Canadian Provinces

In signing this release, I acknowledge and represent that I have read the forgoing waiver of liability and hold harmless agreement, understand it and sign it voluntarily as my own free act and deed; no oral representations, statements or inducements, apart from the foregoing written agreements have been made; and i execute this release for full, adequate and complete consideration fully intending to be bound by same.

- I authorize this release based on the following conditions.
- These records become the property of Proset Autism Inc. or its representatives.
- This release is given without promise of compensation.
- This release is effective until terminated by a retraction in writing from the person granting this authorization.
- The parent/legal guardian and the participant do release to Proset Autism any right, title and/or interest of any kind they may have in the records produced.
- I hereby grant to Proset Autism, Inc. the right and authority to photograph, film and/or record vocally.

Parent's or Guardian's Name (Print): \_\_\_\_\_

SIGNATURE\*: \_\_\_\_\_ DATE: \_\_\_\_\_