



TALENT

YOUNG ATHLETE DEVELOPMENT

AMATEUR ATHLETIC WAIVER AND RELEASE OF LIABILITY

In consideration of being allowed to participate in any way in the Talent Young Athlete Development o/b HHTP.Inc athletic/sports program, ski school, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If however I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Talent Young Athlete Development o/b HHTP.Inc, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

BY ELECTRONICALLY SIGNING THIS WAIVER AND TYPING MY NAME BELOW I CERTIFY THAT I UNDERSTAND AND AGREE TO ITS TERMS AND CONDITIONS.

PARENT/GUARDIAN'S NAME

PARTICIPANT'S NAME

Date MM/DD/YYYY

FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above.



Athlete's Info

Last Name	First Name	Gender	Birthday MM/DD/YYYY	Age on Dec. 31, 2019	T-Shirt size (Youth)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address		City	Province	Postal Code	
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	

Parent's Info

1. Parent/Guardian First and Last Name	E-mail address	Cell Phone	Home Phone	Work Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. Parent/Guardian First and Last Name	E-mail address	Cell Phone	Home Phone	Work Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Emergency contact information during program hours

First and last name	Relationship	Cell Phone	Home Phone	Work Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Health information

Does your child have any medical problems (such as heart, vision, asthma, hearing, depression, anxiety, etc.)?

Yes No

If Yes, please explain:

Does your child have any allergies?

Yes No

If Yes, please explain:

Talent Program fees: Membership payment schedule for 2019/2020

F/W - Appleby College, 540 Lakeshore Rd. West, Oakville, ON, L6K 3P1 - Thursdays 6:15 - 7:15 PM
S-St.Mildred's-Lightbourn School, 1080 Linbrook Rd., Oakville, ON. L6J 2L1 - Thursdays 6:00 - 7:00 PM



<input type="checkbox"/> FUNDAMENTALS		<input type="checkbox"/> LEARN TO TRAIN		OFFICIAL USE ONLY		
ATHLETES 6-8 (Grade 1-3)		ATHLETES 9-12 (Grade 4-7)		Date	Amount	#Cheque, E-TR, Cash
10 classes per session	Fall September 26 - November 28 Winter January 09 - March 12 Spring March 26 - June 04	Fall Not available Winter Not available Spring March 26 - June 04				
SEPT. 26, 2019	\$370	\$370				
DEC. 06, 2019	\$370	\$370				
MAR. 07, 2020	\$370	\$370				
TOTAL	\$1110.00	\$1110.00		TOTAL		
SINGLE PAYMENT	\$1090.00 <input type="text" value="DATE"/>	\$1090.00 <input type="text" value="DATE"/>				

Select preferred method of payment: Program fees paid: Full Amount

* Additional 3% processing fee will be added when using a PayPal option.

***HST is included in all prices.

Upon receiving your application, we will send you an invoice and instructions for your preferred method of payment. All fees are non-refundable.

Photo release

Yes I give permission to Talent YAD to include my child in photos and/or videos taken by program staff, and/or occasional videostaken by local media. I understand these photos may be used for promotional purposes (e.g. slide show, website photo gallery, brochures, camp fair display, etc), but no names will be used.

No If you do not wish your child to be included in any photos or videos please understand that your child is fully aware that he/she must exclude themselves from any/all individual/group photos or videos.

There is a risk of injury involved in training and participation in any sport. Talent YAD will make every effort to create safe and controlled environment. In an unlikely event that an injury to my child occurs arising from participation in the program activities, I hereby release all employees, instructors and Director from any and all claims. I give program officials the right to act on my behalf in case of an emergency.

BY ELECTRONICALLY SIGNING THIS APPLICATION AND TYPING MY NAME BELOW, I CERTIFY THAT INFORMATION I PROVIDE IN THIS APPLICATION IS CORRECT AND THAT I UNDERSTAND AND AGREE TO ITS TERMS AND CONDITIONS.

Parent/Guardian's name	Date MM/DD/YYYY
<input type="text"/>	<input type="text"/>

Once you fill out this registration form, first, for your records, save this PDF document on your PC and email it back to us to complete your registration.

CLICK HERE TO SAVE YOUR REGISTRATION