



JR. CLUB TREAD  
REGISTRATION  
FORM 2010

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PHONE: \_\_\_\_\_

E-MAIL \_\_\_\_\_

BIRTH DATE: \_\_\_\_\_

MANITOBA MEDICAL #: 6 digit \_\_\_\_\_  
9 digit \_\_\_\_\_

Person To Contact In Case Of Emergency: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Doctor: \_\_\_\_\_ Clinic: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Do You Have Any Medical Problems? Yes No (if yes please explain)

\_\_\_\_\_  
\_\_\_\_\_

Are You On Any Medication? Yes No (if yes please list)

\_\_\_\_\_  
\_\_\_\_\_

Are There Any Physical or Medical Limitations or Problems Which Your Club  
Guide Should Be Aware Of? Yes No (if yes please explain)

\_\_\_\_\_  
\_\_\_\_\_

Registration Paid: yes no Staff Initials: \_\_\_\_\_



# WAIVER, RELEASE AND IDEMNIFICATION FORM

In consideration of the acceptance of my entry in the A & L get active cycling clubs:

1. I hereby agree that I will comply with all the rules and regulations and event instructions of A & L get active and its Directors.
2. For Myself, my executors, administrators, heirs, next of kin, successors and assigns, I hereby waive and release any and all claims that I have against A & L get active, its event committees, directors, employees, agents, volunteers, members, their officials, their executors, sponsors, administrators, and participating organizations for any and all injuries or death suffered by me in the said activity or event.
3. I hereby acknowledge that I have sole responsibility for my personal possessions and athletic equipment during the activity, event or related activities or events.
4. I hereby consent to receiving medical treatment which may be deemed advisable in the event of injury, accident and/or illness during the activities or events.
5. I hereby attest that I am physically fit and can complete the activity or event.
6. I hereby attest that my equipment is in safe condition.
7. I hereby grant full permission to any and all the foregoing to use my photographs, videotapes, motion pictures, recordings, or any other record of the activity or event for legitimate purposes.
8. I hereby agree that in the event of a cancellation due to a storm or other 'Act of God' my entry fee will not be refundable.

Please **DO NOT** use photos of my child in A&L publications or advertisements.

Dated This \_\_\_\_ Day Of \_\_\_\_\_, 2010

Print Name of Participant: \_\_\_\_\_

Participant's Signature: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_  
(if participant is under 18 years of age)