

BOB ACTON SPORTS LTD.

REGISTRATION FORM

Athlete Information (please print)	Last Name	First Name	Age
	Street Address	City	Postal Code
	Telephone (Home)	Telephone (Work or Cell)	Date of Birth (d/m/y)
	High School/University/Team		Position
	Please list all medical conditions that BAS should be aware of:		
	Email Address		
Emergency Contact	Last Name	First Name	Relation
	Telephone (Home)	Telephone (Work or Cell)	
	Last Name	First Name	Relation
	Telephone (Home)	Telephone (Work or Cell)	

Consent *(This section must be completed by a parent for all participants under the age of 18)*

I, _____ (print name), give my consent for me/my child, _____ (print name), to participate in a physical activity program (on ice-off ice) conducted by Bob Acton Sports Ltd..

Benefits:

Participation in a regular program of physical activity has been shown to produce positive changes in a number of organ systems. These changes include increased work capacity, improved cardiovascular efficiency, and increased muscular strength, flexibility, power and endurance.

Risks:

I recognize that exercise carries some risk to the musculoskeletal system (sprains, strains) and the cardio respiratory system (dizziness, discomfort in breathing, heart attack). I hereby certify that I know of no medical problem, which would increase my/my child's risk of illness and injury as a result of participation in a regular exercise program.

By signing this consent form, I understand the risks and benefits I/my child may experience with exercise. I also waive the responsibility of BAS if I/my child should incur any injury as a result of participating in a fitness session.

Signature/Parent's Signature: _____

Date: _____

Bob Acton Sports *(This section must be completed by a parent for all participants under the age of 18)*

One-on-one Training:

Cancellation Policy – 24 hours notice must be provided when cancelling a scheduled training session. Clients will be invoiced for training sessions where less than 24 hours notice is given.

Group Training:

Customized Training Camps – Payment in full is required at the time of registration. No refunds will be granted for absenteeism. Credit notes may be issued for absences due to medical reasons.

Signature/Parent's Signature: _____

Date: _____

Program(s) for which you are registering: _____