



2010 Arctic Winter Games Team Yukon - Trials Registration Form



* Fields Marked with an asterisk must be filled out by all participants

Personal Information				
*Last Name		*First Name		Middle Initial
*Mailing Address		*Community	*Province/State YT	*Postal/Zip Code
Work Phone Number (867)	*Home Phone Number (867)		*Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	*Date of Birth / / mm dd yy
*Health Care Number		*Resident of the Yukon since	Email	
Ancestral Background				
<input type="checkbox"/> First Nation <input type="checkbox"/> Métis <input type="checkbox"/> Inuit <input type="checkbox"/> Inuvialuit <input type="checkbox"/> Other				

Sport /Event		
<p>Arctic Sport - Dene Games</p> <input type="checkbox"/> Open Male <input type="checkbox"/> Junior Male <input type="checkbox"/> Junior Female <input type="checkbox"/> Juvenile Female	<p>Cross Country Skiing</p> <input type="checkbox"/> Junior Female <input type="checkbox"/> Junior Male <input type="checkbox"/> Juvenile Female <input type="checkbox"/> Juvenile Male <input type="checkbox"/> Midget Female <input type="checkbox"/> Midget Male	<p>Snowboarding</p> <input type="checkbox"/> Junior Female <input type="checkbox"/> Junior Male <input type="checkbox"/> Juvenile Female <input type="checkbox"/> Juvenile Male
<p>Arctic Sport - Inuit Games</p> <input type="checkbox"/> Open Female <input type="checkbox"/> Open Male <input type="checkbox"/> Junior Female <input type="checkbox"/> Junior Male	<p>Cultural Program</p> <input type="checkbox"/> Junior Co-Ed	<p>Snowshoeing</p> <input type="checkbox"/> Junior Female <input type="checkbox"/> Junior Male <input type="checkbox"/> Juvenile Female <input type="checkbox"/> Juvenile Male
<p>Badminton</p> <input type="checkbox"/> Junior Female <input type="checkbox"/> Junior Male <input type="checkbox"/> Juvenile Female <input type="checkbox"/> Juvenile Male	<p>Curling</p> <input type="checkbox"/> Junior Male <input type="checkbox"/> Junior Female	<p>Speed Skating</p> <input type="checkbox"/> Junior Female <input type="checkbox"/> Junior Male <input type="checkbox"/> Juvenile Female <input type="checkbox"/> Juvenile Male
<p>Basketball</p> <input type="checkbox"/> Junior Female <input type="checkbox"/> Junior Male	<p>Dog Mushing</p> <input type="checkbox"/> Junior Co-Ed <input type="checkbox"/> Juvenile Co-Ed	<p>Table Tennis</p> <input type="checkbox"/> Junior Female <input type="checkbox"/> Junior Male <input type="checkbox"/> Juvenile Female <input type="checkbox"/> Juvenile Male
<p>Biathlon - Ski</p> <input type="checkbox"/> Junior Female <input type="checkbox"/> Junior Male <input type="checkbox"/> Juvenile Female <input type="checkbox"/> Juvenile Male	<p>Figure Skating</p> <input type="checkbox"/> Junior Female	<p>Volleyball</p> <input type="checkbox"/> Junior Female <input type="checkbox"/> Junior Male
<p>Biathlon - Snowshoe</p> <input type="checkbox"/> Junior Female <input type="checkbox"/> Junior Male <input type="checkbox"/> Juvenile Female <input type="checkbox"/> Juvenile Male	<p>Gymnastics</p> <input type="checkbox"/> Junior Female	<p>Freestyle Ski</p> <input type="checkbox"/> Junior Female <input type="checkbox"/> Junior Male
	<p>Hockey</p> <input type="checkbox"/> Junior Female <input type="checkbox"/> Bantam <input type="checkbox"/> Midget	<p>Alpine Ski</p> <input type="checkbox"/> Junior Female <input type="checkbox"/> Junior Male <input type="checkbox"/> Juvenile Female <input type="checkbox"/> Juvenile Male
	<p>Indoor Soccer</p> <input type="checkbox"/> Junior Female <input type="checkbox"/> Junior Male <input type="checkbox"/> Juvenile Female <input type="checkbox"/> Juvenile Male <input type="checkbox"/> Intermediate Female	

Emergency Contact Information			
*Last Name		*First Name	*Relationship
Work Phone Number ()	*Home Phone Number ()	Cell Phone Number ()	

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Sport Yukon - Consent Agreement

Risk:

I, the undersigned, understand and acknowledge that participation in the 2010 Arctic Winter Games Trials might result in personal injury, property damage or loss. I fully understand these risks and hereby agree to participate in the 2010 Arctic Winter Games Trials voluntarily and at my own risk. I further state that I am in proper physical condition to participate in the Trials.

Rules:

I understand that the rules and regulations are designed for the safety and protection of participants and hereby agree to abide by the rules and regulations set down by Sport Yukon and each Yukon Sport Governing Body. Please remember that athletes are free to attend as many trials as they wish. Once an athlete is selected to a final sport roster, they are free to participate in other trials, but are not eligible to be selected in any other sport.

Liability:

In consideration of acceptance of my participation in the 2010 Arctic Winter Games Trials, I agree that Sport Yukon, each Yukon Sport Governing Body, and their volunteers, sponsors, employees or agents shall not be liable for any personal injury, property damage or loss arising from, or in any way resulting from, my participation.

In addition, permission is granted to administer any medical treatment that may be required.

THE APPROPRIATE SIGNATURE SECTION MUST BE COMPLETED FOR EACH PARTICIPANT

Each participant must complete the following. Please check the appropriate box:

I confirm that I am: Under the age of 18 Of the full age of 18 years, have read, understood and agree to the contents of this Informed Consent Form in its entirety.



Witness

Signature of Participant

Print Name of Witness

Print Name of Participant

For each participant Under the age of 18 the following must be completed by his/her parent or guardian:

I, as the parent/guardian of the participant named herein, hereby declare that I have read, understood and agree to the contents of this Informed Consent Form in its entirety.

I, as the parent/guardian of the participant named herein, agree to assume full responsibility to instruct my child of the risks involved, and to inform him/her of the importance of abiding by the rules and regulations of the Trials.

Signed This _____ Day of _____, 200 ____



Signature of Parent/Guardian

Please print name of Parent/Guardian

Office Use Only

Amount Paid	Date	Signature
Type of Payment		
<input type="checkbox"/> Cash	<input type="checkbox"/> Cheque	<input type="checkbox"/> Visa