

# Sports Association

## Sports and Aquatic Centre Programs – U18 Participant Registration

Please complete and return this application form to Brad Morris Sport and Aquatic Centre Manager.

Or Return completed form by email to Brad Morris [b.morris@ccg.vic.edu.au](mailto:b.morris@ccg.vic.edu.au)

Name:.....Gender:.....

Home Phone:..... Mobile Phone:.....

Emergency Contact name:.....Emergency contact Mobile:.....

Parent/Guardian Name:..... Mobile Phone:.....

Email address:.....(Please print clearly)

"I, \_\_\_\_\_ (parent/guardian's name) give permission for my child \_\_\_\_\_

To participate in Christian College Geelong (CCG) Sport and Aquatic Centre programs.

I recognize that the program may involve strenuous physical activity including, but not limited to, muscle strength and endurance training, swimming, cardiovascular conditioning and training, and other various fitness activities.

I hereby affirm that, \_\_\_\_\_ (participant's name) is in good physical condition and does not suffer from any disability or condition which would prevent or limit his/her participation in this exercise program. I acknowledge that while I pay a fee for service, their participation is purely voluntary and in no way mandated by CCG."

"In consideration of their participation in this program, I, hereby release CCG from any claims, demands, and causes of action as a result of their voluntary participation and enrolment."

"I fully understand that, \_\_\_\_\_ (participant's name) may suffer an injury as a result of enrolment and subsequent participation in this program and I hereby release CCG and its agents or employees from any liability now or in the future for any conditions that may be obtained.

These conditions may include, but are not limited to, heart attacks, muscle strains, muscle pulls, muscle tears, broken bones, shin splints, heat prostration, injuries to knees, injuries to back, injuries to foot, or any other illness or soreness that may be incurred, including drowning or death."

I HEREBY AFFIRM THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE STATEMENTS.

\_\_\_\_\_ (Participants Name) \_\_\_\_\_ (Parent/Guardian Signature)

\_\_\_\_\_ (Date)

### I apply to participate in the following Sport and Aquatic Centre Programs

Please tick as applicable:

Lap Swimming:  Table Tennis:

Modified Tennis:  Tennis:

Circuit Class:  Boxercise: