



ITALIAN CANADIAN HandiCAPABLE ASSOCIATION

Novelletto Rosati Complex / TheSoccerPlace.ca

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Charitable Organization BN 894402981RR0001



2010 After School Program

Individual Registration Form

I, the undersigned, acknowledge and agree that attending or participating in sports may be hazardous and may result in injury. I further agree that I assume all risks of injury for myself and anyone who comes with me to the premises incurred or suffered while upon the premises or as a result of using the facilities or equipment therein. I further expressly agree to release the Novelletto Rosati Complex (NRC) the ICHA, its owners, employees, agents, successors, assigns, affiliates and anyone else associated with the NRC and ICHA from any and all claims, demands or damages whatsoever, whether developed or undeveloped, known or unknown, anticipated or unanticipated, have, now or in the future, including, but not limited to any and all claims, demands or damages for negligence, personal injury and/or loss, theft or destruction of personal property. It is my intention that this release be as broad as municipal, provincial, and federal law allows releases of this sort to be. I understand that, without this document, the cost of participation would necessarily be greater, and I also acknowledge that I may obtain insurance to protect myself if I so choose. I further agree to save, hold harmless, and indemnify the NRC, the ICHA, its owners, employees, agents, successors, assigns, affiliates, and anyone else associated with the NRC and ICHA, from any and all claims, demands or damages, including cost, interest and attorneys' fees which they may suffer or incur as a result of any claims by me, anyone who comes with me to the premises, or related entities, and/or as a result of any claims, demands or lawsuits arising out of my actions or those of anyone who comes with me to the premises. All Alcohol is prohibited on the premises and failure to do this will result in removal from the league with no refund. I have read the foregoing release, I fully understand it, and I agree to be bound by it.

Parent's Signature of Waiver: _____ **Date:** ____/____/____

Parent's Name: _____

Child's Name: _____ **DOB (DD/MM/YYYY):** (____/____/____) **Gender (M / F)**

E-mail Address: _____ (we communicate by email, an address must be provided)

Address: _____ **City:** _____ **Postal :** _____

Home Phone: _____ **Work:** _____ **cell:** _____

Please check which programs are important to you and your child

- | | |
|--|--|
| <input type="checkbox"/> Peer Tutoring | <input type="checkbox"/> Access to computers for homework assignments and studying |
| <input type="checkbox"/> Sports and Physical Activity | <input type="checkbox"/> Nutrition Health <input type="checkbox"/> Peer council |
| <input type="checkbox"/> Healthy Snack | <input type="checkbox"/> Social Interaction |
| <input type="checkbox"/> Health and Wellness Education | <input type="checkbox"/> Team building and leadership training |

My child can attend the following days each week:

Monday Tuesday Wednesday Thursday Friday

The program runs from 3:30 – 6:30 p.m. Monday to Friday. The program does not run on Friday's. Every child must be registered to attend, but does not have to attend every day. There is a \$1.00 fee per drop in session (arrangements can be made for those that need it). This program is designed to help increase each child's physical fitness level, social interaction and provide one-on-one support with homework and assignments when needed. A healthy snack will be provided each day. Each child will have access to a computer, project supplies and a printer for assignments and homework completion. Any suggestions for programming would be greatly appreciated.