**2017 PUSH PUSH PUT PUT REGISTRATION FORM**

*Presented by:* BC WHEELCHAIR SPORTS ASSOCIATION

|  |  |  |
| --- | --- | --- |
| Name |  | **Male** 🔿 **Female** 🔿 |
| **Address** |  |
| **City/Province** |  | Postal |
| **Phone** | **Home:** | **Cell:**  |
| **Email** |  | **Date of Birth** |  |
| **Disability** **(to help us bring proper equipment)**  |  |

**Event Information:**

August 15th from 3:00 – 6:00pm; North Surrey Secondary School (15945 96th Ave, Surrey BC)

$5 reg fee includes BBQ and can be paid the day of

**Please send your registration form by email, mail or fax to:**

**Lisa Myers, BC Wheelchair Sports Association, 7**80 SW Marine Drive, Vancouver BC, V6P 5Y7

Email: lisa@bcwheelchairsports.com Phone: 604-333-3520, ext. 209 Fax: (**604-326-1229)**

**Consent and Waiver**
**I, the participant, on behalf of myself, members of my family, my heirs, executors, administrators and assigns, hereby forever release, discharge and hold harmless BC Wheelchair Sport Association and all other associations and sponsoring companies and all other parties, including agents, other associations and sponsoring companies, connected with the 2017 Push Push Put Put for any injury, loss or damage to my person or property howsoever caused, arising out of or in connection with my taking part in the 2017 Push Push Put Put, notwithstanding that the same may have been contributed to or occasioned by the activities of BC Wheelchair Sports Association and all other parties, including agents, servants and volunteers of BC Wheelchair Sports Association, other associations, and sponsoring companies. I also give full permission for use of my name, image and/or photograph in connection with this event. \* We respect your privacy, and will not sell or share your personal information with any other party or organization without your consent.**

Signature Parent/Guardian Signature Date

(if under the age of 19 yrs)