

# Yukon Orienteering Association (YOA) Junior Program Registration

Participant Name \_\_\_\_\_

Date of Birth (YYYY-MM-DD) \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Cell Number \_\_\_\_\_

Email Address \_\_\_\_\_

opt in to receive YOA emails     opt in to receive Orienteering Canada emails

Medical Information	Details of Condition	Procedures in Emergency
Allergies - food		
Allergies - environmental		
Illnesses		
Disabilities		
Injuries		
Other		
Family Doctor - Name, Phone #		

Kids Running Wild (7-9 years old)     Yellow Squad (10-13 years old)     Orange Squad (13-15 years old)

## Parent/Guardian Information

	Contact #1	Contact #2
Name		
Relation to Participant		
Cell Phone		
Home Phone		
Address		
I would like to assist*:		

(\*Assist with coaching, prepare post-training snacks, Wednesday evening meet (registration, set-up, clean-up), accompany kids on courses)

I/we have read and signed the Yukon Orienteering Association (YOA) Waiver on page 2 and acknowledge that Junior Programs are considered to be YOA sanctioned Events. I/we hereby give permission for the above named participant to participate in the YOA Junior Program.

	Contact #1	Contact #2
Parent/Guardian Signature		
Date		

Please send completed forms (Registration Form and Waiver) and payment (payable to Yukon Orienteering Association) to:  
 Yukon Orienteering Association c/o Sport Yukon  
 4061 4th Avenue  
 Whitehorse, Yukon Y1A 1H1

Office use only

forms                       payment (cash      cheque #      )

NOTICE TO PARTICIPANTS/PARENTS IN JUNIOR ORIENTEERING PROGRAMS

\*\*\* Read this form first before signing \*\*\*

**LIABILITY RELEASE AND WAIVER FORM**

We, \_\_\_\_\_, of the City of Whitehorse, in the Yukon Territory, hereby agree, acknowledge and confirm that:

1. This Release is given in consideration of our being allowed to participate in any way in the orienteering services provided by Orienteering Canada, the Yukon Orienteering Association (referred to collectively as the "Orienteering Group").
2. We acknowledge and fully understand that orienteering is an activity where, as participants, we will travel by foot or other means in areas that may contain harsh terrain or wildlife, and will be exposed to the elements. The orienteering activities involve some risk of serious injury, including permanent disability or death, and severe personal and/or economic losses which result not only from the participants' own actions, inactions or negligence but the action, inaction or negligence of others. Further, there may be unanticipated or unexpected risks which arise during such activities.
3. We, as participants and, where applicable, as parents or guardians of participants, assume all of the risks of injury to ourselves, our children or our property that may be sustained in connection with the orienteering activities provided by the Orienteering Group and accept personal responsibility for the damages following such injury, permanent disability or death.
4. We, as participants and, where applicable, as parents or guardians of participants, release, waive, discharge and covenant not to sue the Orienteering Group, its affiliated clubs and organizations, their respective administrators, directors, agents, coaches and other employees, other participants, sponsoring agencies, sponsors, advertisers and owners and lessors of the land upon which the orienteering activities are provided (the "Releasees") and from any and all liability to me, my heirs, next of kin, administrators and assigns for any and all claims, demands, actions and causes of action of any sort for losses or damages on account of injury, including death or damages to property, caused or alleged to be caused in whole or in part by negligence of the Releasees or any other fault.
5. Our participation in the orienteering activities is voluntary.

DATED this \_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, in the Yukon Territory.

\_\_\_\_\_  
NAME - MINOR PARTICIPANT

\_\_\_\_\_  
NAME OF PARENT/GUARDIAN OF MINOR PARTICIPANT

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN OF MINOR PARTICIPANT

\_\_\_\_\_  
WITNESS (Name and Signature)