

# Hearts of the Family Challenge

## REGISTRATION FORM

Team Name (Family Name): \_\_\_\_\_

List of Team Members (List Team Captain first):

- |          |                  |
|----------|------------------|
| 1) _____ | Birthdate: _____ |
| 2) _____ | Birthdate: _____ |
| 3) _____ | Birthdate: _____ |
| 4) _____ | Birthdate: _____ |

Team Captain Mailing Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ (h) \_\_\_\_\_ (b) \_\_\_\_\_ (cell)

Email address: \_\_\_\_\_

Emergency contact name: \_\_\_\_\_ Phone #: \_\_\_\_\_

We have read and do understand the rules and regulations that have been outlined to us regarding this challenge. We do understand that there could be a health risk involved with our team's participation in this program. We do release, acquit, discharge and hold harmless the Town of Leader and the Cypress Health Region and their employees, representatives, sponsors and anyone else who is involved in the coordination of this challenge, from any and all causes of action, damages or liabilities while participating in the Hearts of the Family Challenge.

Date: \_\_\_\_\_ Signature of Team Member #1: \_\_\_\_\_

Date: \_\_\_\_\_ Signature of Team Member #2: \_\_\_\_\_

Date: \_\_\_\_\_ Signature of Team Member #3: \_\_\_\_\_

Date: \_\_\_\_\_ Signature of Team Member #4: \_\_\_\_\_

**A SIGNED DOCTOR'S NOTE FOR EACH TEAM MEMBER MUST ACCOMPANY YOUR REGISTRATION FORM**