



FLINT OFFICE:

**HEALTH CONCERN: _____

Billet Request: _____

2019 REGISTRATION FORM

Flint, Michigan – August 9th-11th

All information **must be completed (both sides) and returned by July 15th**. Parent's/Guardian's signature **must be present** or participant will not be eligible to participate in the CANUSA GAMES. Please Note: one sport per participant. Questions may be directed to the CANUSA GAMES Office at 905-546-2424 Ext. 2537.

PARTICIPATION CATEGORY: Athlete [] Coach [] Official [] Other: _____

(PLEASE PRINT) **TO BE COMPLETED BY ALL ATHLETES/PARTICIPANTS**

Athlete's Name: _____ Sport: _____

Address: _____ Division: _____ Age: _____

(CITY) (POSTAL CODE) Birth Date: _____

Home Phone: _____ Athlete's cell # _____

E-mail Address: _____ Gender: Male [] Female []

MEDICAL INFORMATION

Ont. Health #: _____ Name on Card: _____

Medications used regularly or in emergency: _____

Family Physician: _____ Phone: () _____

Allergies or Special Requests: _____

CANUSA WEEKEND

Location of Parent/Guardian: Home in Hamilton ____ or Hotel Info in Flint: _____

Parent/Guardian #1: _____ Cell #: _____ Work #: _____

Parent/Guardian #2: _____ Cell #: _____ Work #: _____

Alternate Contact: _____ Phone: () _____

BILLETING/HOUSING: ALL HAMILTON CANUSA GAMES ATHLETES, MUST RIDE TEAM BUS TO FLINT.

Every athlete/participant under the age of 18 years will be billeted with a Flint athlete/family; If registered in the Modified Trial Billeting Program, match-up will still occur.

Special Billet Request: Flint athlete: _____ Age: _____

Host Home Request: Smoke Free: Yes or No Dog Fear: Yes or No Pet Allergies: Dog or Cat or None

FEE: Registration (including T-shirt, bus, memento, practice facilities) \$ 60.00/ athlete
 Hockey/Golfers Registration (including T-shirt, bus, memento, practice facilities) \$ 70.00/ athlete

Cheques to be made payable to: "CANUSA GAMES" fees & form to be submitted by July 15th, 2019.

How did you hear about the CANUSA Games? Athletes and parents please circle ALL that apply

Returning participant - Friend - School Coach/Teacher - Rep/Houseleague Coach - School Flyer - Face Book - Rec. Centre Bulletin Board - Instagram - Twitter - Lawn Sign - Billboard Main at Dundurn - Newspaper (Mountain News/Stoney Creek etc.) - Other (please specify)_____

62nd CANUSA GAMES: Opening Ceremonies @ Atwood Stadium at 1:00pm on Friday, August 9th 2019 & Closing Ceremonies @ Atwood Stadium, 701 University Ave, Flint MI 48503 at 9:00am on Sunday, August 11th, 2019.

2019 CANUSA GAMES WAIVER

I, parent/guardian of _____ (for athlete under 18 years of age), **OR**,

I, _____, am 18 years of age or older.

Hereby agree to save harmless and keep indemnified the CANUSA GAMES, its sponsors, organizers, agents, officials, servants, and representatives from all liability howsoever caused in connection with taking part in the CANUSA GAMES, notwithstanding that same may have been contributed to, or occasioned by, their negligence.

As the Ontario Health Insurance Plan (O.H.I.P) will reimburse medical expenses **only** up to the value of those expenses in Ontario, the CANUSA GAMES will provide a supplemental medical insurance for its participants that may be required to compensate for additional expenses not covered by O.H.I.P.

Parent Name (Printed)

*Signature of Parent/Guardian, **OR**
 Signature of Athlete if over 18*

Parent Cell Phone Number

Date _____

PRIVACY STATEMENT: Personal information contained in this form is collected for the sole use of CANUSA Games. The CANUSA Games will not use this information for any purpose other then to carry out the functions required on your behalf.

SPORT COORDINATOR SIGNATURE: _____

FOR OFFICE USE ONLY:				
Ontario Health Card #	Yes	[]	No	[]
Form of Payment	Cash	[]	Chq.	[] With Sibling's Reg. Form []
Signatures	Yes	[]	No	[]
Photocopy of Passport/Birth Certificate	Yes	[]	No	[]
Modified Trial Billeting Program	Yes	[]	No	[] Hotel Info: Yes [] No []