

No Limits Workshops 2019/20

PERSONAL INFORMATION

Athlete Name: _____

Birthdate: _____ **Age:** _____

Contact Email: _____

Contact Phone: _____

WORKSHOP SELECTION

Ballet Intensive Work Shop \$25

Other: _____

WAIVER

I understand that although safety will be a priority, parts of No Limits Workshops will be physically challenging. I recognize therefore the risk of injury from participating in workshops and I hereby voluntarily assume risk for my child _____. I do further release No Limits Youth Organization and it's staff, volunteers, coaches and any other associated workers for all liability for any injury incurred by my child and agree to seek no legal recourse in the event of injury.

Parent/Guardian Signature: _____

OFFICE USE: AMOUNT: _____ CASH/DEBIT/CHQ/EFT/CC DATE: _____