



First Name: _____
Birthday: (yy/mm/dd) _____

Last Name: _____
Age: _____

PARENT'S

First Name: _____
Phone Number: _____

Last Name: _____
Cell/Alternate Number: _____

EMERGENCY INFORMATION

Contact Name: _____
Phone Number: _____

Relationship: _____
Health Card Number: _____

List all Allergies/Medication(s)

MEDICAL HISTORY

Does the child have any history of allergies, asthma, bone/joint injury, hearing/vision impairment or any other physical disability? **YES / NO**
If yes please explain. (Please print clearly)

TERMS & CONDITIONS OF ATHLETE CONTRACT

1. Athletes and parents must conduct themselves in a respectable manner at all times and will abide by the rules of Quest Sports Inc..
2. Quest Sports Inc. reserves the right to suspend and/or remove any member from the club for any behavior deemed detrimental to members of the Quest Sports Inc.
3. Membership fees covers the duration of the activity registered
4. All cheques are to be written to **Quest Sports Inc.**
5. Returned cheques are subject to a \$30 administration charge.
6. Withdrawals requests received 30 days prior to and up to opening day are subject to a 10% withdrawal fee.
7. No refunds after opening day except for medical reasons accompanied by a doctor's certificate.
8. There will be no make-up classes for missed sessions.
9. Quest Sports Inc. reserves the right to make changes to its program as deemed necessary.
10. Quest Sports Inc. cannot be held responsible for any errors or omissions or sessions lost due to factors beyond our control.

WAIVER RELEASE & AGREEMENT:

It is understood and agreed that as a condition of participation in the multi- sport programs offered by Quest Sports Inc, that Quest Sports Inc. and its affiliates shall not be liable for any injury, loss or damage suffered/caused by the above registered member (s) while traveling to or from or while participating in multi- sport practices, competitions or other activities.

I have read and agree to the registration terms on this form. I the undersigned parent or guardian of the above named member hereby absolves Quest Sports Inc. and its affiliates from any blame or fault for any accident arising from the participation of the above named member during his/her activities with the Corporation.

Parent's
Signature: _____

Member's (if over 18 years old)
Signature: _____

Please check one

- ☐ Talent Identification Program
- ☐ Soccer
- ☐ Tennis
- ☐ Track & Field
- ☐ Gymnastics
- ☐ Dance
- ☐ Basketball
- ☐ Baseball
- ☐ Athletic Architects
- ☐ Camp (Summer/March Break)
- ☐ Special Event
- ☐ Fitness Combine
- ☐ Junior Competition
- ☐ Sport Parties

Fee CalculationsTerm or week 1 ☐Term or week 2 ☐Term or week 3 ☐Term or week 4 ☐Term or week 5 ☐Term or week 6 ☐**Registration Fee** _____**13 % Taxes** _____**TOTAL** _____