CO-ED INTRAMURAL REGISTRATION FORM (Individual)



Complete and bring this form along with your fees to the Recreation Desk at the PSWC

Name:	Pho	ne:
Name:(Last, first)		
Student Number:	Email Address:	@flemingc.on.ca FLEMING EMAIL ADDRESS ONLY
Please check/circle which	ch sport you are participating in (i	f applicable):
o Floor Hockey	\$10.00/person	
o Indoor Soccer	\$10.00/person	
use of the equipment College") by persons acceptance of that risk employees and agents suffered by persons pa	, facilities and premises of Sir participating in athletics and re regardless of the nature of the shall not be liable for any injusticipating in any athletics or redirectly or indirectly by the neg	es the risk of personal injury. The Sandford Fleming College ("the ccreation activities shall constitute injury. The College, its officers ury, loss or damage sustained of ecreation activities at the College, its ligence or fault of the College, its
Signa	ature	Date
Photograph Permission Pursuant to section 39(2)	on of the Freedom of Information and F	Protection of Privacy Act,
l,		hereby consent to:
b) the use of any suppl be needed by the College c) the use of any pho contracted by the College I understand that my per College publications, bro requires my information related publicity.	at a later date; and obtographs or videotape taken by for such purpose. sonal information will be used for poadcasts, website and / or use by in connection with the printing / brinting /	riew, and ning to the initial interview which ma College personnel or by individual promotional purposes, which include the public media when that medicoadcasting / web posting of College Ministry of Colleges and Universitie
Signature		Date
Signature Amount Paid:	Office Use Only Type of Payment: Receipt	