



Calgary Legacy  
Community  
Association

## Program Registration

### **Registrant Information:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Mailing Address \_\_\_\_\_ City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_ Date of Birth: \_\_\_\_\_

\_\_\_\_\_ Gender: M \_\_\_\_\_ F \_\_\_\_\_

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

### **Release of Liability**

I, the undersigned, \_\_\_\_\_, agree to participate in the Calgary Legacy Community Association recreational program, (Community Axe Throwing League). I understand the nature of sports activities and attest my experience and capabilities and believe myself to be qualified, in good health, and in proper physical condition to participate in such activity. I agree to relieve the Calgary Legacy Community Association, its officer agents from any liability in connection with any injury to myself in connection with this league.

\_\_\_\_\_  
Signature of Registrant

\_\_\_\_\_  
Date

### **Photo/Video Release Form**

I hereby give permission to the Calgary Legacy Community Association to photograph and/or videotape my person. The sole purpose of these photos and/or videos is for publication, advertisement and exhibition services of the Calgary Legacy Community Association

\_\_\_\_\_  
Signature of Registrant

\_\_\_\_\_  
Date

### **Refund Policy**

Please note the Calgary Legacy Community Association will not refund any program registrations once the program commences. Requests made prior to 2 weeks of programming commencing will receive full refund, less 15% administration fee. Any requests made within 2 weeks of program commencement will receive 50% of registration fee.

\_\_\_\_\_  
Signature of Registrant

\_\_\_\_\_  
Date

Please email completed registration form to [Communications@calgarylegacy.ca](mailto:Communications@calgarylegacy.ca)