



JUNIOR PROGRAM SIGN-UP FORM

Player's name: _____

Birth date (YYYY-MM-DD): _____

Heath Care Number: _____

Allergies: _____

CONTACT:

Parent or Guardian name: _____

Address: _____

Phone: _____

Email: _____

Photo Release

Please complete this if you are comfortable with photos of your children to be used for advertising, promotion, and on Squash Yukon/Better Bodies social media.

I, _____ am the parent or guardian of the minor _____ (player's name) and I have legal authority to give Squash Yukon the right to use their portrait or photograph, including motion picture and electronic (video) recordings, in all forms and in all media and in all manners, without any restriction as to changes or alterations, for advertising, promotion, or any other lawful purposes. I hereby release and hold harmless Squash Yukon and their assigns and licenses from any liability in relation to using my image and voice including claims for either invasion of privacy or libel. I have read this release and am fully familiar with its contents.

Signed***: _____

Date: _____

Internal Use

Junior Program: _____

Date Paid: _____ Method: _____