

AGREEMENT

1. I hereby grant permission for her/ him to participate in DOXA Sports and to receive emergency medical care as directed by a physician if I cannot be contacted and she/he is in need of such care.
2. I hereby release Youth Unlimited, its staff and sponsors from responsibility and liability of any injury or illness that my child may sustain during her/his participation in DOXA Sports.
3. I give permission to Youth Unlimited to use photographs and any other media representation of myself and my family members at the discretion of the mission.

4. I release Youth Unlimited, its officers, directors, volunteers and its staff from any and all responsibility/liability that may arise as a result of the use of such photos/media.

Parent/Guardian Signature

Date

STAFF ONLY

Amount Received: _____

Payment Received: YES / NO (circle)

Staff Signature



www.youthunlimitedgta.ca

57 Mobile Drive | Toronto | ON | M4A 1H5

DOXA SPORTS – ST. ANDREWS

GRADES 5-8



YOUTHUNLIMITEDGTA.CA

Location: St. Andrew's Public School

60 Brimorton Drive | Scarborough, Ontario | M1P 3Z1

