



**Saskatchewan Team Handball Federation**

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Regina, Saskatchewan

S4P 0S4

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Website: www.saskhandball.com

**MEMBERSHIP FORM**

**PERSONAL INFORMATION**

FULL NAME: (First and Last)		GENDER: M / F	
BIRTHDATE: (Day) _____ (Month) _____ (Year) _____		AGE: _____	
ADDRESS:			
CITY:		PROVINCE:	POSTAL CODE:
HOME PHONE NUMBER:			
MEDICAL HISTORY: (Please list any medical conditions that the staff should be aware of)			
EMAIL ADDRESS:			
HOSPITALIZATION NUMBER: (Optional)			
ARE YOU OR ABORIGINAL DECENT? (Optional) YES NO			

**EMERGENCY PHONE NUMBER & NAME:** (other than the parent/guardian listed below)

First Name	Last Name	Primary Contact #	Secondary Contact #

**PARENT'S/GUARDIAN'S INFORMATION** (Only for persons under the age of 18)

FULL NAME: (First and Last)	
HOME PHONE NUMBER:	BUSINESS PHONE NUMBER:
OTHER PHONE NUMBER:	
EMAIL ADDRESS:	

**WAIVER AND RELEASE OF LIABILITY**

I/we hereby consent to the participation in any of the S.T.H.F.'s programs. I/we do hereby release Saskatchewan Team Handball Federation, referees, volunteers, agents and/or employees, other than players or participants, sponsoring agents, advertisers and if applicable, owners and leasers of premises used to conduct the programs from all liability in respect to injury sustained by me, and/or my son/daughter while participating in the S.T.H.F.'s programs.

(Please check one)  I/we agree,  disagree, to the following:

To irrevocably grant Saskatchewan Team Handball Federation the perpetual unlimited world-wide and royally free rights to record, reproduce, broadcast, exhibit, publish, sell, distribute or use in any way whatsoever, mine or my child's name and likeness in any media, whether now known or hereafter developed, in connection with my attendance and participation in any S.T.H.F. program, including without limitation a videotape recording of such performance. I agree that I/we shall have no claim, title or interest in my attendance or participation or any materials produced hereunder.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Parent/Gaurdian's Signature (If required)

\_\_\_\_\_  
Date Signed