



Please complete this application form and return it to our office for processing by:

Email: athletics@leesofcanada.org

Fax: (604) 685 7804

Post: 313 E. Pender St., Vancouver, BC V6A 1V1

李氏體育會
LEE'S ATHLETIC SOCIETY

313 EAST PENDER STREET
VANCOUVER, B.C. CANADA V6A 1V1
TEL: (604) 681-9070 FAX: (604) 685-7804

REGISTRATION FORM

NAME _____ PHONE _____

ADDRESS _____

_____ CODE _____

MEMBERSHIP NO. _____ (SELF/PARENT)

___ LION DANCE ___ MARTIAL ARTS ___ SPORTS _____

I, the undersigned, hereby agree to waive, release, and forever discharge LEE'S ATHLETIC SOCIETY, its affiliates, and their instructors, directors, and representatives of and from any and all claims, actions, and costs in respect of injury and loss which I may suffer during or as a result of my participation or taking instruction in any program or activity provided or administered by the LEE'S ATHLETIC SOCIETY.

I further agree to participate in any event or activity held by the Society and abide by the rules and regulations of the Society.

Dated this _____ day of _____, 20____

Signature _____ Witness _____

If under the age of nineteen (19) years:

Signature of Parent/Guardian _____