



**ORIENTEERING ASSOCIATION
OF NOVA SCOTIA**



http://orienteeringns.ca (Website)

Last Amended: January 28, 2009

Host: _____ Orienteering Club
EVENT REGISTRATION FORM

(Please Print Clearly)

NAME: _____ Date of Birth: _____ M/F
NAME: _____ Date of Birth: _____ M/F
NAME: _____ Date of Birth: _____ M/F
NAME: _____ Date of Birth: _____ M/F

PHONE: (902) _____ EMAIL: _____

CLUB: _____ FEE: \$ _____ Rec'd: _____
Initials

STANDARD OANS FEES: *Circle applicable category*

OANS Member: Adult: \$10.00 Youth: \$5.00
OANS Non-Member: Adult: \$15.00 Youth: \$10.00
Family: \$15.00

Organized Groups *Scouts/Cadets, etc.* **\$5.00/Person** Number in Group: []

PLEASE CIRCLE ONE **COMPETITIVE** **RECREATIONAL**

Do You Have? (Yes/No) **WHISTLE** _____ **COMPASS** _____

NOTE: Fees may vary depending on the TYPE of EVENT.

General Waiver and Acknowledgment of Risk

I understand that during my participation in any Orienteering Association of Nova Scotia (OANS) or Member Club's activity for which I have registered, I may be exposed to situations and environmental conditions where the stresses and hazards may be greater than or different from those I normally encounter. I understand that although OANS has taken precautions to provide proper organization and instruction for each activity, based upon nationally accepted guidelines, circumstances may arise which are not foreseeable or which are beyond the control of OANS.

I acknowledge that OANS cannot guarantee absolute safety. I understand that I am in part responsible for my own safety and I agree to comply with the instructions and directions given by those authorized to lead OANS supervised activities.

I accept responsibility to verify that I do not have any physical or psychological problems that would create undue risk to myself or others who may depend on me during this activity. I have read and understood this form.

Signature: _____ Date: _____
(Group Leader or Parent/Guardian if under 18)