



ORIENTEERING ASSOCIATION OF NOVA SCOTIA



http://orienteeringsns.ca (Website)

EVENT REGISTRATION FORM

Host: _____ **Orienteering Club**

(Please Print Clearly)

NAME: _____
NAME: _____
NAME: _____
NAME: _____

Year of Birth: _____ M / F
Year of Birth: _____ M / F
Year of Birth: _____ M / F
Year of Birth: _____ M / F

PHONE: _____

EMAIL: _____

CLUB: _____

STANDARD OANS FEES:

Circle applicable category

	Pre-Registered	Race Day
Youth	\$5	\$10
Adult	\$10	\$15
Family/Wayfarer	\$15	\$20
Organized Groups*	\$5/participant	\$8/participant

*Organized Groups (scouts, cadets, etc.):

EQUIPMENT RENTAL:

SI Card \$3 _____

NOTE: a \$45 fee will be charged for lost Cards

REQUIRED EQUIPMENT:

_____ Whistle
_____ Compass

PAYMENT

TOTAL DUE: \$ _____ **Received:** _____
Initials

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.

I hereby grant OANS permission to use any and all pictures or images containing my likeness.

(check box to decline photo release)

Signature: _____ Date: _____

(Group Leader or Parent/Guardian if under 18)

FIRST TIME PARTICIPANTS (OR FIRST MEET YOU HAVE ATTENDED FOR THE CURRENT YEAR):

Please provide address information on reverse

MEMBER INFORMATION:

Full Name:	Year of Birth:	
Mailing Address:	Gender: <p style="text-align: center;">M () F ()</p>	
	Phone:	
Email:	OANS CLUB (if applicable):	
List Additional Family Members Below:		
Full Name:	Year of Birth:	Gender: <p style="text-align: center;">M () F ()</p>
Full Name:	Year of Birth:	Gender: <p style="text-align: center;">M () F ()</p>
Full Name:	Year of Birth:	Gender: <p style="text-align: center;">M () F ()</p>
Full Name:	Year of Birth:	Gender: <p style="text-align: center;">M () F ()</p>
Full Name:	Year of Birth:	Gender: <p style="text-align: center;">M () F ()</p>
Full Name:	Year of Birth:	Gender: <p style="text-align: center;">M () F ()</p>
Full Name:	Year of Birth:	Gender: <p style="text-align: center;">M () F ()</p>