



## Event Registration Form

|   |  |  |                               |  |
|---|--|--|-------------------------------|--|
| <b>Participant Information</b>            | <b>Event City/Town</b>   |  | <b>Name</b>                   |  |
|   | <b>Address</b>   |  | <b>City &amp; Postal Code</b> |  |
|   | <b>Phone</b>   |  | <b>Email</b>                  |  |
|   |  |  |                               |  |
| <b>SCI Info</b>                           | I have a spinal cord injury _____ A family member has a spinal cord injury _____ |  |                               |  |
| <b>I am participating as</b>              | Team Captain _____ Team Member _____   |  |                               |  |
| <b>Wheelchair Challenge Team Category</b> | Community _____ Corporate _____ Family Member _____                              |  |                               |  |
| <b>Team Name</b>                          |  |  |                               |  |
| <b>T-Shirt Size</b>                       | Small _____ Medium _____ Large _____ X-Large _____                               |  |                               |  |

|                           |                                   |  |                  |  |
|---------------------------|-----------------------------------|--|------------------|--|
| <b>Participant Waiver</b> | <b>Name</b>                       |  | <b>Signature</b> |  |
|                           | <b>Guardian (under legal age)</b> |  | <b>Signature</b> |  |

In consideration of being permitted to participate I, the undersigned, intending to be legally bound hereby, for myself, the children as noted above, my heirs, executors and assigns, waive and release any and all rights and claims for losses and damages I may have against event organizers, the beneficiaries of the proceeds of the event, and all other event sponsors and their respective representatives, successors, and assigns for all injuries suffered by me in said event. I also give full permission for use of my name and/or photo in connection with the promotion of this event, including entering me into contests and recognizing my participation in the event. If participant is under legal age, participant waiver must be signed by parent or guardian.

## DONATIONS

The Canadian Paraplegic Association must receive your Registration/Pledge Form(s) with complete addresses. First and last names, and amount of funds to issue income tax receipts. Receipts for donations of \$10 or more will be sent within this tax year.

### INSTRUCTIONS FOR PARTICIPANTS COLLECTING DONATIONS

1. Make cheques payable to “The Canadian Paraplegic Association (Nova Scotia).”
2. On event day, bring the completed Registration/Pledge Form(s), and funds collected to the event.
3. If you cannot submit your Registration/Pledge Form(s) and funds on event day, mail them to the Canadian Paraplegic Association (Nova Scotia), The Halifax Shopping Centre, Tower 1, Suite 317A, Halifax, NS, B3L 4N9. Please do not mail cash.
4. The Canadian Paraplegic Association must receive your Registration/Pledge Form(s) with complete addresses. First and last names, and amount of funds to issue income tax receipts. Receipts for donations of \$10 or more will be sent within this tax year.

|                          |                        |                    |                                    |  |
|--------------------------|------------------------|--------------------|------------------------------------|--|
| <b>Donor Information</b> | <b>Name</b>            |                    | <b>Phone</b>                       |  |
|                          | <b>Mailing Address</b> |                    | <b>City/Prov &amp; Postal Code</b> |  |
|                          | <b>SCI Information</b> | I have a SCI _____ | <b>Amount \$</b>                   |  |

|                          |                        |                    |                                    |  |
|--------------------------|------------------------|--------------------|------------------------------------|--|
| <b>Donor Information</b> | <b>Name</b>            |                    | <b>Phone</b>                       |  |
|                          | <b>Mailing Address</b> |                    | <b>City/Prov &amp; Postal Code</b> |  |
|                          | <b>SCI Information</b> | I have a SCI _____ | <b>Amount \$</b>                   |  |

|                          |                        |                    |                                    |  |
|--------------------------|------------------------|--------------------|------------------------------------|--|
| <b>Donor Information</b> | <b>Name</b>            |                    | <b>Phone</b>                       |  |
|                          | <b>Mailing Address</b> |                    | <b>City/Prov &amp; Postal Code</b> |  |
|                          | <b>SCI Information</b> | I have a SCI _____ | <b>Amount \$</b>                   |  |

|                          |                        |                    |                                    |  |
|--------------------------|------------------------|--------------------|------------------------------------|--|
| <b>Donor Information</b> | <b>Name</b>            |                    | <b>Phone</b>                       |  |
|                          | <b>Mailing Address</b> |                    | <b>City/Prov &amp; Postal Code</b> |  |
|                          | <b>SCI Information</b> | I have a SCI _____ | <b>Amount \$</b>                   |  |

|                          |                        |                    |                                    |  |
|--------------------------|------------------------|--------------------|------------------------------------|--|
| <b>Donor Information</b> | <b>Name</b>            |                    | <b>Phone</b>                       |  |
|                          | <b>Mailing Address</b> |                    | <b>City/Prov &amp; Postal Code</b> |  |
|                          | <b>SCI Information</b> | I have a SCI _____ | <b>Amount \$</b>                   |  |

|                          |                        |                    |                                    |  |
|--------------------------|------------------------|--------------------|------------------------------------|--|
| <b>Donor Information</b> | <b>Name</b>            |                    | <b>Phone</b>                       |  |
|                          | <b>Mailing Address</b> |                    | <b>City/Prov &amp; Postal Code</b> |  |
|                          | <b>SCI Information</b> | I have a SCI _____ | <b>Amount \$</b>                   |  |