



# Ottawa Unicycle Invasion 2004 Registration

May 29-30, 2004 Ottawa, Ontario, Canada

<http://carloth.net/oui04/>

[carl@carloth.net](mailto:carl@carloth.net)

(613) 293-5856

The following information, along with your registration fee, is required to complete your registration. Please e-mail/mail your completed registration form to the address below **before May 8**. Entries **WILL** be accepted onsite, however, at a slightly higher price.

**Mailing Address:** Carl Roth, 43 Nanaimo Drive, Ottawa, ON K2H 6Y2

|                |                   |  |                       |  |
|----------------|-------------------|--|-----------------------|--|
| <b>Name</b>    | Last _____        |  | First _____           |  |
| <b>Address</b> | Street/Apt. _____ |  |                       |  |
|                | City _____        |  | Postal Code/ZIP _____ |  |

**Phone** ( ) - \_\_\_\_\_

**E-mail** \_\_\_\_\_

**Age** Age as of **May 29, 2004** \_\_\_\_\_

|   |                                   |  |                                |                                 |              |                     |              |
|---|-----------------------------------|--|--------------------------------|---------------------------------|--------------|---------------------|--------------|
| <b>Events</b>   | <b>Trials Competition</b>         | Indicate class for Trials & events below |                                |                                 | CDN\$15      | <b>Onsite</b>       |              |
|   | <b>Long Jump</b>                  | <input type="checkbox"/> Beginner        | <input type="checkbox"/> Sport | <input type="checkbox"/> Expert | <b>FREE!</b> | CDN\$20             | _____        |
|   | <b>High Jump</b>                  | <input type="checkbox"/> Beginner        | <input type="checkbox"/> Sport | <input type="checkbox"/> Expert | <b>FREE!</b> | <b>FREE!</b>        | <b>FREE!</b> |
|   | <b>Basketball –Muni-Workshops</b> | <input type="checkbox"/> Beginner        | <input type="checkbox"/> Sport | <input type="checkbox"/> Expert | <b>FREE!</b> | <b>FREE!</b>        | <b>FREE!</b> |
|   |                                   | Open                                     |                                |                                 | <b>FREE!</b> |                     | <b>FREE!</b> |
| Helmet, knee/shin guards and gloves are required safety gear in order to compete in all events. <b>Those without safety gear will be turned away.</b> |                                   |  |                                |                                 |              | <b>Events Total</b> | _____        |

**Clothing** **OUI'04 T-Shirt** \_\_\_\_\_ x Small \_\_\_\_\_ x Medium  
 \_\_\_\_\_ x Large \_\_\_\_\_ x Xlarge \_\_\_\_\_ x XXlarge \_\_\_\_\_ x CDN\$15 \_\_\_\_\_

**Clothing Total** \_\_\_\_\_

|                   |  |                          |
|-------------------|--|--------------------------|
| <b>Total Cost</b> | Please make cheques payable to <b>Carl Roth</b> in CDN funds | <b>GRAND TOTAL</b> _____ |
|-------------------|--|--------------------------|

For participants under the age of **18** we require parent/guardian signature and emergency contact #.

Parent/Guardian Signature \_\_\_\_\_ Parent/Guardian Printed Name \_\_\_\_\_

Emergency Contact # \_\_\_\_\_

The organizers of the OUI'04 remind all participants that unicycling is a potentially hazardous activity. I hereby waive, release, and discharge forever the OUI'04 Event Organizers, Nanaimo Park Jugglers, Qualicum-Graham Park Community Association; City Of Ottawa and their sponsors, agents, and representatives from all claims, demands, rights and causes of action of whatsoever kind and nature arising directly from any known/unknown, foreseen or unforeseen, bodily and personal injury, damage to property, and consequences thereof resulting from my participation in said sanctioned Nanaimo Park Jugglers meetings or events. I assume all risks of injury or mishap resulting from my participation and covenant, not to sue the aforementioned parties for said injuries and/or damage. I permit the OUI'04 Event Organizers to provide furnish, or engage emergency medical treatment to me or my said son or daughter. I also permit the OUI'04 Event Organizers, and the Nanaimo Park Jugglers, to use my name and or picture/video in any broadcast, telecast, or other account of this event.

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

|                            |   |            |
|----------------------------|---|------------|
| <b>For Office Use ONLY</b> | Paid <input type="checkbox"/> Yes _____ | Date _____ |
|----------------------------|---|------------|