

# CHIP Spin for Teens Registration Form 2008

## REGISTRATION FORM

Space is limited! Avoid disappointment. Register early.

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

POSTAL CODE \_\_\_\_\_

BUSINESS TEL \_\_\_\_\_

HOME TEL \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

- I will bike for the full 3 hours.  
(Serious cyclists may wish to bring their own pedals).
- I will share a bike with:  
1: \_\_\_\_\_ 2: \_\_\_\_\_
- I will share a bike but need help finding partners.
- I need babysitting services for \_\_\_\_\_ children. Age(s): \_\_\_\_\_
- I am unable to participate but have included a donation for the event. \$ \_\_\_\_\_

### FRONT ROW GOLD SPINNERS:

- I want to be a **Gold Spinner** and commit to raising \$1,000 for the SPIN FOR TEENS event. Only 15 bikes available.

### Fees and Payment

- \$150 deposit to reserve a **Gold Spinner** front row bike for 3 hours. Balance to be raised by the day of the event. (Initial tax receipt for \$125)
- \$150 per person to Spin for 3 hours (Tax receipt for \$125)
- \$100 per person for participants who share a bike (Tax receipt for \$75)
- Cheque  Visa  Mastercard Total Amount: \$ \_\_\_\_\_

CARD NUMBER \_\_\_\_\_

EXPIRY DATE \_\_\_\_\_

### Waiver

I acknowledge participating at my own risk and I hereby waive liability of any and all claims against CHIP and the Mansfield Athletic Club, its sponsors and related persons for personal injury, death or property damage related to my participation in the SPIN FOR TEENS November 30, 2008. I consent to any medical treatment deemed necessary by the medical team.

SIGNATURE \_\_\_\_\_

A registration form and signed waiver is required for each team member.

### PLEASE SIGN AND MAIL OR FAX TO:

SPIN FOR TEENS, 3505 Atwater Avenue, Montreal, QC H3H 1Y2  
Tel: 514.489.6630 | Fax: 514.489.2604 | mgold@epimgh.mcgill.ca  
www.chiprehab.com