

SHAVED  
HEAD  
CHALLENGE

leucan 

Presented by

Proxim 

## REGISTRATION FORM

REGISTRATION  
IS PROHIBITED FOR CHILDREN  
UNDER AGE 7.

I wish to participate in the Leucan Shaved Head Challenge.

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Group, company, organization or school (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Tel. (day): \_\_\_\_\_ Tel. (evening): \_\_\_\_\_

Email: \_\_\_\_\_ Date of birth\* : \_\_\_\_\_

\*Parental authorization mandatory for children under age 17

Are you a member of Leucan? \_\_\_\_\_ (yes/no)

Check if you would like to receive Leucan's newsletter

Number of participation to Leucan Shaved Head Challenge (including this edition)? : \_\_\_\_\_

Where did you hear about the Challenge?

- Television    Provincial Spokesperson    Website    Web banner    Newspaper    Other: \_\_\_\_\_  
 Radio    Regional spokesperson    Advertising    Friends or family    Social Media

Register at a Leucan's shaving site

Name of shaving site: \_\_\_\_\_ Desired time\*: \_\_\_\_\_

Individually (adult or child)    With a group

\* Your scheduled shaving time will be confirmed a few weeks prior to the event

Personal estimated goal: \$ \_\_\_\_\_ Group estimated goal (if applicable): \$ \_\_\_\_\_

OR

Register for a personalized Challenge

Leucan offers you the opportunity to choose a date, time, and place for your Challenge.

I wish to organize a Challenge   Challenge estimated goal: \$ \_\_\_\_\_

At the date of my choice: \_\_\_\_\_  
Approximate date of your Challenge

I would like to receive information about Leucan by email

My Child and I further authorize Leucan to use any pictures and videos taken during the activity in which my Child or I might appear in any representation of the Association or the Leucan Shaved Head Challenge. I confirm that both my Child and I have read the event rules and conditions and agree to comply with the activity's instructions and guidelines. I hereby release and hold harmless Leucan, the persons in charge of the event, the organizing committee, the volunteers, the sponsors, the partners, and their respective employees and agents, as well as all participants and attendants from any personal or material loss, damage or injury occurring at the event or arising from my Child's participation in the event, and I waive any right with respect to the foregoing.

\_\_\_\_\_  
Signature of participant / person in charge of the Challenge

\_\_\_\_\_  
Date