

Registration Form Golden Bears & Pandas Teacher's Convention Camp ~ 2014



Please complete one form per child.

CAMP CODE **25823**

FEE

Golden Bears & Pandas Teacher's Convention
Camp for U-10, U-12 & U-14 Boys & Girls

Individual - \$97 (includes GST)

Name: _____

Parent-Guardian: _____

Address: _____

City: _____ Province: _____

Postal Code: _____ Email address: _____

Daytime Phone Number: _____

Age: _____ Birth date (month/day/year): _____ Male/Female: _____

Alberta Health Care #: _____

Emergency Contact: _____

Health History-does your child have any of the following: Asthma, Blood Disorder, Chronic Headaches,
Convulsions, Diabetes, Epilepsy, Heart Conditions, Muscle/Joint Conditions, Skin Disorders, Other

Treatment or Severity of any medical conditions listed: _____

Known allergies: _____

Reactions to allergies, and required medications: _____

Does your child carry an Epi Pen or other medications? _____ If yes, where is it located? _____

Individuals authorized to pick-up your child: _____

Is your child authorized to leave at the end of the day on their own? _____

Position: GK Def Mdf Fwd _____ Team Name/Tier: _____

As the parent or guardian I grant the University, the non exclusive right to:

YES or NO – Photograph my child

YES or NO – Make audio-visual recordings of my child for use in Educational, Marketing, and Advertising Purposes

YES or NO – That my child's identity can be published in print, electronic, or digital format, including any authorized UofA website

A confirmation letter and receipt will be e-mailed to you.

Method of Payment (check one)

Cheque/Money order- Payable to: University of Alberta (postdated cheques not accepted) Visa M/C

Card number: _____ Exp. _____

- Incomplete registration forms will not be accepted for processing
- No phone registrations
- You must complete the informed consent form found at www.greenandgoldsoccer.com
- Full payment required at registration

The personal information requested on this form is collected under the authority of section 33(C) of The Alberta Freedom of Information And Protection of Privacy Act for the purpose of administering sport and children's camp programming offered by the Faculty of Physical Education and Recreation. Questions concerning the collection, use or disposal of this information should be directed to: Activity Registration Zone, W-79 Van Vliet Centre, University of Alberta, Edmonton, AB, T6G 2H9.

Mail or Fax the Application form with payment to: Activity Registration Zone, W-79 Van Vliet Centre, University of Alberta, Edmonton, AB, T6G 2H9. Phone: 780-492-2231, Fax: 780-492-7190.

INFORMED CONSENT AGREEMENT

UNIVERSITY OF ALBERTA - FACULTY OF PHYSICAL EDUCATION AND RECREATION

CHILDREN'S SPORT AND ACTIVITY CAMPS - INFORMED CONSENT AGREEMENT - PAGE 2

CAMPS INCLUDING WALL CLIMBING

- risks include rope abrasion, entanglement and other injuries including death, resulting from activities such as climbing, belaying, rappelling, rescue systems and any other rope techniques. . . .Initials: _____

CAMPS INCLUDING SWIMMING

- risks include falls on deck causing bruises, scrapes, cuts, broken bones, or concussion.
- A risk of submersion increases as my child becomes fatiguedInitials: _____

ACKNOWLEDGEMENT OF RESPONSIBILITIES

The parent/guardian and the participant understand and acknowledge the following:

1. **TO FOLLOW** all the instructions and rules given by those responsible for or in charge of the above noted Camp and all related activities while my child is a participant and participating in the above noted Camp. I understand and accept that the instructions and rules are in place to provide a safe environment for the entire camp;
2. **TO OBEY** all the rules and regulations pertaining to the above noted camp and all related activities. . . .Initials: _____

CONDITION OF REGISTRATION

The parent/guardian and the participant understand and acknowledge the following:

1. That the participant sees a licensed medical practioner on a regular basis and to the best of my/our knowledge is physically and mentally able to participate in all activities of this camp.
2. That the participant will wear full protective equipment demanded by the sport and that the equipment brought to the camp with him/her meets or exceeds all minimal CSA or Sport governing body standards;
3. Should the participant be injured during the camp I/we give permission for University of Alberta staff to provide emergency medical treatment. . . .Initials: _____

I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD THIS AGREEMENT, that I understand, appreciate and accept the risks associated with my child's participation in the above noted camp and all related activities at the University of Alberta. As the parent / guardian for the participant, I consent for my child's participation in the above noted camp and all related activities.

DATE SIGNED: _____

Name of Participant: _____

Name of Witness: _____

Signature of Parent or Guardian: _____

Signature of Witness (not a family participant): _____

Contact Information for Witness: _____

1. Participant / Parent / Guardian: The personal information requested on this form is collected under the authority of section 33(C) of The Alberta Freedom Of Information And Protection Of Privacy Act for the purpose of administering sport and children's camp programming offered by the Faculty of Physical Education and Recreation. Questions concerning the collection, use or disposal of this information should be directed to: Sport Camps, W-79 Van Vliet Centre, University of Alberta, Edmonton, AB, T6G 2H9

2. The Witness information is being collection to verify the validity of the person who is signing as a witness to this document.

Signed documents must be filed with the Faculty/Department and be kept for a minimum of five years

informed consent agreement

INFORMED CONSENT AGREEMENT

informed consent agreement

UNIVERSITY OF ALBERTA - FACULTY OF PHYSICAL EDUCATION AND RECREATION

CHILDREN'S SPORT AND ACTIVITY CAMPS - INFORMED CONSENT AGREEMENT

Name:	Parent-Guardian:
Address:	
City:	Postal Code:
Phone No:	Birthdate:

DISCLAIMER CLAUSE

The University of Alberta and the Faculty of Physical Education and Recreation, the Governors of the University of Alberta their officers, directors, agents, contractors, employees, coaches/instructors, trainers, volunteers, members and representatives (all hereafter collectively referred to as "the University"), are not responsible for any participant's death, injury, loss or damage of any kind sustained by any person while registered as a Camp participant of the above noted camp except to the extent that such injury, loss or damage was caused by the negligence of the University.

DESCRIPTION OF ACTIVITIES

The following activities that your child may participate in during the Children's Sport and Activity Camp are:

- Crafts – cut and paste, painting
- Curling – on ice sliding, brush work technique
- Fitness Instruction – stability, strength, plyometrics, flexibility, cardiovascular training
- Gymnastics – apparatus work, trampoline, tumbling
- Swimming – scuba diving, synchronized swimming, kayaking/paddling, stroke development, diving, underwater hockey, waterpolo, leadership skills, aquatic games and activities
- Team Sports/ Cooperative Games – Basketball, Hockey, Golf, Volleyball, Track and Field, Football, Soccer
- Tennis –swing and serve techniques, games and activities
- Wall Climbing – bouldering, harnessed high wall climbs, rappelling, skateboarding, and outdoor games

ASSUMPTION OF RISKS

In consideration of my child's participation in the above noted Camp and all related activities, I and my child acknowledge that we are aware of, appreciate and accept the inherent physical risks and the other possible RISKS, DANGERS, AND HAZARDS associated with being a participant, including the **possible risk of severe or fatal injury** to my child or others. These risks **include but are not limited to:**

- a) all manner of injuries resulting in muscular injuries and soft tissue injuries including bruises, scrapes, cuts, etc, from executing strenuous and physically demanding physical techniques, collisions with the wall, floor, uneven playing surfaces, contact with other participants (including spotters whose role is to enhance safety and learning) and failure in proper use of equipment either by my child, or other participants of the University;
- b) all manner of injuries resulting from the mechanical failure of apparatus/equipment;
- c) all manner of injuries resulting in dislocations, concussion, hematomas, whiplash, contusions, sprains, pulled or strained muscles, knee injuries, and broken bones;
- d) transmission of diseases in various ways and types from contact with other participants resulting in death, disease or other illnesses;
- e) all manner of head, neck, spinal, facial, eye, nose and/or dental injuries;
- f) all manner of injuries resulting from heat cramps, and heat stroke during hot summer days;
- g) all manner of injuries and/or death that may result from transition between facilities
- h) that my child's risk of injury increases as they become fatigued; Initials: _____

CAMPS INCLUDING GYMNASTICS

NOTE: Gymnastics camps are operated in conjunction with the Ortona Gymnastics Club. In case of an accident or incident, I agree to release Ortona Gymnastics Club, its directors and/or instructors from any responsibility for recovery or loss or damage resulting therefrom. By initialing (at the right, and signing below), I acknowledge that I have read and understand this agreement.

- the trampoline poses a greater risk of injury than other equipment in the gymnastics room and that the trampoline requires special training and safety precautions
- all manner of injuries resulting from the mechanical failure of apparatus..... Initials: _____

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