



717 Main Avenue West | P.O. Box 420 | Sundre, Alberta, Canada T0M 1X0 | T. 403.638.3551 | F. 403.638.2100 | E. townmail@sundre.com

Town of Sundre Summer Basketball Camp Registration Form

Please Note: A separate Registration Form must be completed for each camp attendee

Name: _____

Male: ____ Female: ____ Age: ____ Birthdate: _____

School Attending:

Shirt Size (PLEASE CIRCLE ONE) Youth: XS S M L XL Adult-Male Sizes: XS S M L XL

Allergies: _____

Medical Conditions: _____

Optional – Health Card Number: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Parent(s)/ Guardian(s) Name) _____ Daytime Phone: _____

Information: (if Parent(s)/ Guardian(s) cannot be reached)

Alternate Emergency Contact _____ Daytime Phone: _____

Relationship: _____

PAYMENT DUE UPON REGISTRATION

Payment Method: (please check one) Visa/MC Credit Card ____ Debit Card ____ Cash ____

Amount \$157.50 (includes GST \$7.50) Receipt Number# _____

Cancellation/Refund – Due to medical or if the camp is full and spot is filled from waiting list.



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Acknowledgement and Acceptance of Risk, and Consent

PLEASE READ CAREFULLY BEFORE SIGNING

NAME OF REGISTRANT _____

EMERGENCY CONTACT INFORMATION

Emergency Contact: _____

Phone: (home): _____ (work) _____ (cell) _____

Relationship to Participant: _____

List any medications, medical conditions and/or allergies:

MEDICAL INFORMATION (AB Residents)

Family Doctor: _____ AB Health Card #: _____

Phone: (office): _____ (pager/cell) _____

MEDICAL INFORMATION (Out of Province)

Medical #: _____ Province: _____

Travel Insurance Provider:

_____ **Note: Proof of provincial or travel insurance must be provided before start of camp**

SIGN-OUT POLICY

All participants under the age of 14 years must be signed out of camp at the end of the camp day by someone authorized by you. Please provide the names of the people authorized to sign your child out of camp:

If your child is 14 years of age or older, you may give him/her permission to sign himself/herself out of camp by ticking the box below.

Yes, my child is 14 years of age or older, and has permission to sign himself/herself out of camp.



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PHOTO RELEASE

Town of Sundre staff may occasionally take pictures of its camp participants for use in promotional/ advertisement materials or publications (brochures, websites, newspaper ads, etc.). By ticking the box below, you agree to allow the Town of Sundre to reproduce the likeness of your child in such promotional/ advertisement materials and publications.

Yes, I agree.

ACKNOWLEDGEMENT AND ACCEPTANCE OF RISK, AND CONSENT

I have reviewed the description of the Town of Sundre Summer Basketball Camp programming and feel that I have sufficiently informed myself about the nature of the camp and the activities involved. I acknowledge that there are risks, dangers, and hazards associated with my child's participation in the camp including, but not limited to: impact and collision with other players, instructors, or spectators; impact with objects or equipment used in connection with playing low organized games, soccer, volleyball, basketball, badminton, softball, handball, ultimate frisbee, tennis, floor hockey and any variation of the aforementioned sport or activity; changes in the type of surface and the condition of each surface, including the playing fields, playing courts, gymnasium, shower facilities and change rooms; adverse weather conditions; loss of balance; failure to play safely within one's own ability; failure to play against others of equal stature or ability; theft; consumption of food and drink, whether made by professionals or by non-professionals; and negligence of other participants or UBC staff.

I also give permission for camp staff members to administer first aid treatment to my child, and acknowledge that I will be responsible for any medical or other charges in connection with my child's treatment.

Participants are expected to be respectful and considerate towards other participants, Town of Sundre staff including all instructors, and external partner organization instructors. Participants are expected and required to follow the directions of all instructors, to stay in close proximity to their instructors during the program and not leave without consent and informing camp instructors. If there is a breach of these rules, instructors will discuss the issue with the participant and/or their parents or guardian. In the event that there is a continuous breach of these rules, Town of Sundre may require the participant to withdraw from the remainder of the camp, without reimbursement of any camp fees. I confirm that I have discussed these rules and expectations with my child.

I hereby consent to my child's participation in the camp on the terms and conditions set out above by signing below.

Signature of Parent/ Legal Guardian: _____

Printed Name of Parent/ Legal Guardian: _____

Date: _____