



Player Information

Player's Name _____
First Name Last Name

Parent's Names _____
First Name Last Name

Address _____ City _____

Postal Code _____ email _____

Phone (h) _____ (w) _____ (c) _____

School _____ Grade _____

DOB _____ Age _____ Height _____ Alberta Health Care Number _____
Day/Month/Year

Gender (circle one) M F

Camps Listing

	Skills League Camp	\$150.00	DATES: August 6 th , 7 th , 8 th , 10 th , 2018
	Skills League Camp	\$150.00	DATES: August 13 th , 14 th , 15 th , 17 th , 2018
	Greatness Camp	\$150.00	DATES: August 20 th , 21 st , 22 nd , 24 th , 2018
	1 on 1 Elite Skills Camp	\$160.00	DATES: August 25 th , 26 th , 2018
	Elite Shooting Camp	\$170.00	DATES: August 27 th – 31st, 2018

Medical Consent

I, the undersigned, give CYDC PANTHERS my permission to seek emergency medical treatment for the above named player in the event that he/she is injured while participating in any event or activity through CYDC.

Physician's Name _____ Phone _____

Emergency Contact _____ Phone _____

Method of Payment (circle one): ONLINE | CASH | CHEQUE – payable to CYDC PANTHERS
(write the program name and player's name on front of cheque)

Bring your own basketball and water bottle. Photos may be taken and used on the CYDC Panther's website
www.cydcbasketball.com

For more information email anita.hegwood@cydcbasketball.com



Assumption of Risks and Waiver of Liability

I, _____ [parent name], am the parent or legal guardian of the Player, _____ [child name], who will be participating in events and activities through CYDC PANTHERS, including basketball practices and games and other activities (which events and activities are collectively referred to in this document as the “**Activities**”). I am aware that the Activities involve many **RISKS AND DANGERS**. I understand that known and unknown risks and dangers associated with the Player’s participation in the Activities may result in personal injury, death, property damage and/or loss. I understand as well that personal injury, death, property damage and/or loss may be caused or contributed to by the **NEGLIGENCE OR CARELESSNESS** of others.

In consideration of CYDC allowing the Player to participate in the Activities, I agree, on behalf of the Player and myself and any one that may claim through the Player or myself, that:

1. **I ASSUME AND ACCEPT, WITHOUT LIMITATION, ALL RISKS AND DANGERS** associated with the Player’s participation in the Activities.
2. **I ASSUME FULL RESPONSIBILITY** for understanding and following the rules and safe practices associated with the Activities and for the Player’s personal safety.
3. **I WAIVE ANY AND ALL CLAIMS** against CYDC and its agents, representatives, coaches, players and volunteers (together with CYDC collectively referred to in this document as “**CYDC PANTHERS**”) arising from or connected with, directly or indirectly, the Player’s presence at, or participation in, the Activities.
4. **I RELEASE** CYDC PANTHERS from any and all liability for any loss, damage, injury or expense that the Player or I may suffer or incur by reason of the Player’s presence at, or participation in, the Activities, due to any cause whatsoever, **INCLUDING NEGLIGENCE ON THE PART OF CYDC PANTHERS OR OTHER PARTICIPANTS OR ANYONE ELSE.**

I HAVE READ THIS DOCUMENT THOROUGHLY.

I UNDERSTAND THAT BY SIGNING THIS DOCUMENT, I GIVE UP LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE, ON BEHALF OF MYSELF AND THE PLAYER.

I UNDERSTAND THAT CYDC PANTHERS IS RELYING ON MY FULL RELEASE AND WAIVER OF ALL CLAIMS WHEN ACCEPTING THE PLAYER’S PARTICIPATION IN THE ACTIVITIES.

***I UNDERSTAND THAT PLAYERS CAN ONLY RECEIVE A REFUND OR VOUCHER IF A SEASON ENDING INJURY OCCURS DURING A CYDC ACTIVITY WITH A NOTE ACCOMPANIED BY A DOCTOR.**

***PLEASE NOTE THAT ONLY GRADUATING GRADE 12 SENIORS NOT RETURNING TO THE CYDC PROGRAM WILL BE ENTITLED TO A CASH REFUND.**

Parent/Guardian Signature _____ Date _____