



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 _____
Day/Month/Year

Alberta Health Care Number _____ Gender (circle one) M F

Medical Consent

I, the undersigned, give Calgary Youth Development Centre ("CYDC") my permission to seek emergency medical treatment for the above named player in the event that he/she is injured while at or participating in any event or activity through CYDC.

Physician's Name _____ Phone _____

Emergency Contact _____ Phone _____

Parent/Guardian Signature _____ Date _____

Program

- Camp/Program: *Holiday Skills / 3 on 3 Camp* \$120 \$96 Date(s): *Dec 27-30, 2011*
(non-member) (CYDC member)
- Camp/Program: *New Year's Resolution Camp* \$120 \$96 Date(s): *Jan 2-5, 2012*
(non-member) (CYDC member)

Method of Payment (circle one): Cash Cheque payable to Calgary Youth Development Centre
(write the program name on front of cheque)

Bring your own basketball and water bottle. Photos may be taken and used on the CYDC Panthers website www.cydcbasketball.com. For more information email anita.hegwood@cydcbasketball.com

WWW.CYDCBASKETBALL.COM

TEAM TOGETHER EVERYONE ACHIEVES MORE



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 Calgary Youth Development Centre (“CYDC”), 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 IMPORTANT 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.

Parent/Guardian Signature _____ Date _____