



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 _____
Day/Month/Year

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

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 at or participating in any event or activity through CYDC.

Physician's Name _____ Phone _____

Emergency Contact _____ Phone _____

Parent/Guardian Signature _____ Date _____

WINTER BHL Program 2018

Beginner's House League – WINTER

\$450.00

Date(s): Jan 15th, 2018 - March 10th, 2018

Payment can be made [online](#) or cash/cheque can be paid on 1st day of registration

Please make your cheque - payable to **CYDC PANTHERS**

Bring your own basketball and water bottle. Photos may be taken and used on the CYDC Panthers website.

www.cydcbasketball.com

To reserve your spot, 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, 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.

***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**

Parent/Guardian Signature _____ Date _____



CYDC Panthers Basketball

CYDC Image and Publication Consent and Release Form

I, _____ [parent name], am the parent or legal guardian of the Player, _____ [child name], hereby: (i) grant permission to CYDC representatives to take and use photographs and/or digital images of my child for use in news releases and/or printed publications or materials, electronic publications, or websites; (ii) agree that my child's name and identity may be revealed in descriptive text or commentary in connection with the image(s); (iii) authorize the use of these images without compensation to me; (iv) agree that all negatives, prints, and digital reproductions of such photographs and/or digital images shall be the property of CYDC; and (v) agree to the publication of any player profile prepared for my child in any printed publications or materials, electronic publications or websites.

Date _____

Parent/Guardian Name _____

Parent/Guardian Signature _____