



## 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 John Hegwood Elite Training 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 John Hegwood Elite Training.

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### John Hegwood Elite Training Junior Summer Camp 2018

John Hegwood Elite Training Junior Summer Camp 2018 Cost \$450.00

Date(s): Aug 1<sup>st</sup> – Aug 3<sup>rd</sup>, Aug 4<sup>th</sup> – Aug 5<sup>th</sup>, Aug 11<sup>th</sup> – Aug 12<sup>th</sup>, Aug 18<sup>th</sup> – Aug 19<sup>th</sup>

Method of Payment (circle one): Cash Cheque - payable to ***CYDC Panthers***  
(write the program name on front of cheque)

Photos may be taken and used on the John Hegwood Elite Training website [jhtraining.ca](http://jhtraining.ca).

For more information email [jh@jhtraining.ca](mailto:jh@jhtraining.ca).



## 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 John Hegwood Elite Training, 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 John Hegwood Elite Training 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 John Hegwood Elite Training and its agents, representatives, coaches, players and volunteers (together with John Hegwood Elite Training collectively referred to in this document as “**John Hegwood Elite Training**”) arising from or connected with, directly or indirectly, the Player’s presence at, or participation in, the Activities.
4. **I RELEASE JOHN HEGWOOD ELITE TRAINING** 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 JOHN HEGWOOD ELITE TRAINING, 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 JOHN HEGWOOD ELITE TRAINING IS RELYING ON MY FULL RELEASE AND WAIVER OF ALL CLAIMS WHEN ACCEPTING THE PLAYER’S PARTICIPATION IN THE ACTIVITIES.**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_