

Soccer Without Boundaries 2017 Soccer Camp

How Do I Sign Up?

Complete registration form including all waivers and forward along with cheque payable and mailed to:

Soccer Without Boundaries
P.O. Box #86051
Marda Loop
Calgary, Alberta
T2T 6B7

Cash payments may be dropped off to Wendy at the Saturday Soccer Club which meets Saturday mornings between 10 am and 12 pm at the green space at 3805 47th Street SW.

Registration Information:

Cost is \$85 for the week
(Some subsidies available)

REGISTRATION DEADLINE IS:

JULY 14

Program Details:

Soccer Camp for girls and boys going into grades 1 through grade 8 will be held Monday August 21st through Friday August 25th, from 9:00 am to 1:00 pm.

No experience necessary
Nut-free snacks provided

Camp will be held at Glenbrook Community Hall Field and Glenbrook Elementary School Field.

Drop off and pick up will be at the Glenbrook Community Hall Field at 3524- 45th St. S.W. Calgary.

BBQ & Celebration Event to follow camp Friday Aug. 25th at 12 pm at the Community Hall. The whole family is invited. Halal (circle) available. Indicate # in attendance below.

#Adults _____ #Children _____

Player Contact Info:

Last Name _____ First Name _____

Address: _____

City _____ Prov _____ Postal Code _____

Home Phone _____ Parent's Cell _____

Alberta Health Card Number _____

Gender _____ Grade during 2017/18 School Year _____

Date of Birth _____/_____/_____
Month Day Year

Jersey Size (circle one) YS YM YL YXL AS AM AL AXL

Parent/Guardian Info:

Father _____ Phone _____

Father Email _____

Mother _____ Phone _____

Mother Email _____

Emergency Contact _____

Phone _____

Please indicate your preferences for the use of photos/video of your child below:

Promotion of Camp in newsletters/newspapers Yes / No

Promotion of Camp on SWB website Yes / No

Team Picture Photo Memento Yes / No

Promotion of Camp in video documentary Yes / No

*Please be advised that by opting out of the photo/video promotionals your child may be excluded from some activities

Sign In/Out Waiver

I give _____ permission to sign my child _____ in and out of camp each day. *Will authorize child to sign self in or another person to sign in child.*

Signed _____

Please Read Carefully and Sign Below to Indicate Your Agreement.
Note* This Form Includes a Release of Liability.

AUTHORIZATION AND RELEASE OF LIABILITY

I, the parent or guardian of the above-named child, authorize the participation of my child in Soccer Without Boundaries' Soccer Camp.

I understand that this program is a nonprofit sports program for youth and that my child's participation is voluntary and not essential to completion of requirements of any program, school or government agency. I understand that the Program is conducted by Soccer Without Boundaries (SWB), its volunteers and staff, and by volunteers from the community. I also understand that SWB is solely responsible for all aspects of the Program including selection, screening, and supervision of all persons conducting the Program. I further understand and agree that my child's participation in athletic and other activities of the Program necessarily involves the risk of injury and even death from various causes, including but not limited to accidents, falls, strenuous and prolonged physical activity, dehydration, illness, collision or dispute with other participants, weather related injuries, playing area and equipment defects, and negligence of coaches and referees. On behalf of my child, me and my family, I assume these risks. In consideration of the privilege of my child's participation in the Program, and on behalf of my child and me as parent/guardian, I hereby release, discharge, hold harmless and indemnify, and covenant not to sue, Soccer Without Boundaries, and all of its directors, officers, employees, volunteers, insurers, agents and representatives, and all other persons associated with the Program (including without limitation any other participating churches, sponsors, parents, vendors, coaches and other game and event workers, officials, drivers, and organizations) as to any and all claims of my child, me and other family members for personal injuries suffered by my child, property damage, medical expenses, and economic loss arising directly or indirectly out of my child's participation in the Program, and any first aid, medical care or treatment provided to my child in the event my child is injured or becomes ill while participating in Program activities, and excepting claims that may not be released under applicable law. This Release of Liability shall be as broadly construed as allowed by law to include all claims and rights that the child, that I as parent/guardian, and that other family members may have. I am a legally responsible parent or guardian of my child. If any provision of this Release of Liability is deemed invalid, the remaining provisions shall remain in full force and effect. This Release of Liability shall be binding on me, my family, heirs, next of kin, legal representatives, beneficiaries, successors and assigns. I acknowledge and consent that registration will allow SWB to obtain access to personal information regarding me and my child participant.

PARTICIPATION AND SAFETY

I understand that participation in the Program may involve strenuous and prolonged physical activity. I agree that my child is healthy and able to participate in the Program activities. I understand that SWB or its representatives may request health information concerning my child and/or ask my child to undergo a medical exam. If SWB determines that my child does have a physical, mental or other condition that may affect his/her ability to safely and appropriately participate in Program activities (or that may affect the ability of other children to participate safely), SWB may determine that my child cannot be permitted to participate. I understand and agree that, while SWB desires that all children will be able to participate, such decisions may have to be made out of concern for the best interests of my child and other participants.

CONSENT TO MEDICAL TREATMENT

In the event my child is injured or becomes ill in Program activities, and if I, the parent or guardian of the above-named child, am not present to make medical decisions, I hereby authorize SWB, its staff, volunteers, coaches, assistant coaches, and referees, and supervisors, to arrange for and consent on my behalf to emergency medical and dental care and treatment, including tests and radiological exams, and surgery, and hospital care and treatment, and to consent to medications for pain and other conditions as prescribed by medical personnel attending my child. I am responsible for payment of any medical charges or expenses not covered by my insurance or the insurance applicable to my child (if any). My signature below indicates that all information provided in this form is true and accurate, and that I fully agree to all statements made on the form, including but not limited to the Authorization and Release of Liability, Medical Conditions, and Consent to Medical Treatment. My signature also indicates that all legal guardians are aware and consensual with the participation of the above-named child.

Signature: _____

Printed Name _____ Date: _____