



Participants Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Camp Attending: \_\_\_\_\_ Camp Week: \_\_\_\_\_

### Parent / Guardian Information

#1: Parent/ Guardian Full Name: \_\_\_\_\_ Circle One: Mother / Father / Guardian

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

#2 (Optional): Parent/ Guardian Full Name: \_\_\_\_\_ Circle One: Mother / Father / Guardian

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### Authorized Pick Up Designation

List the full name (s) and phone number of persons authorized to pick up your child below:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

LIST ANYONE WHO IS NOT AUTHORIZED TO PICK UP YOUR CHILD (Please explain...)

\_\_\_\_\_  
\_\_\_\_\_

### Medical Information

My child has the following allergies, or pre-existing illness/health concern (s). Please indicate if an Epipen is required and/or carried by the camper...

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My child is on the following medications:

\_\_\_\_\_  
\_\_\_\_\_

## Emergency Contact Information

Name	Relationship	Home Phone	Work Phone	Cell Phone

## Off-Site Permission

**I hereby give my permission for my son/daughter to go on excursions off site. I understand that my son/daughter may be transported by public transit, by hired bus company, or may walk to a destination.**

## Photography Release

**I hereby grant and release to Canlan Ice Sports, the right to use photographs, audio tapes, and/or videotapes in which I and/ or my children appear in any materials such as videos, films, recordings, still photographs or articles relating to Canlan Ice Sports, its programs and services including, but not limited to, brochures, newsletters, annual reports or our Web site, whether broadcast on television, radio or any other medium.**

## Camp Release and Waiver of Liability

- 1. The participant assumes all risk of personal injury which may result from participation in the Canlan Ice Sports Camp**
- 2. All Canlan Ice Sports camps require full equipment**
- 3. In all soccer camps proper fitting shin guards and full soccer socks to cover are mandatory**
- 4. The participant will not hold Canlan Ice Sports, any of the officials or staff liable for injury which the player may sustain while participating in camp activities**
- 5. The participant understands and agrees that all sports and activities at camp have physical dangers which may result in serious injury or death**
- 6. The participant is advised to carry additional medical insurance**
- 7. The participant certifies that he/she has no known medical condition which would prohibit him/her from participating in the camp**
- 8. The participant agrees that he/she will act in a responsible manner in all Canlan Camp activities**
- 9. The participant agrees to reimburse Canlan Ice Sports, in full within 5 days of notice, for the cost of any property damage for which the player is held responsible by the Canlan Ice Sports Staff, Management or officials.**
- 10. Individuals who participate in the Canlan Camps understand that Canlan Ice Sports and Canlan Ice Sports Corp. shall not be held responsible in any way for any accident or injury of medical expense incurred as a result of his/her participation in the Canlan Camp.**
- 11. Canlan Ice Sports is not responsible for any stolen, damaged or lost articles.**
- 12. Canlan collects and uses personal information in line with the 10 Privacy Principles. By providing us with your information, you consent to Canlan's use of the information in providing you with products or services and / or information about products or services.**
- 13. For more information, ask for a copy of our brochure: Protecting Personal Information & Privacy Makes Good Sense or visit our website at [www.icesports.com](http://www.icesports.com)**
- 14. As a participant of this Canlan Camp, I understand and will abide by all the terms and conditions.**

**Please read carefully and initial inside each box to indicate you have read and understood the above statements:**

<input style="width: 30px; height: 20px; margin-bottom: 5px;" type="checkbox"/> Parent/ Guardian Information section completed and accurate	<input style="width: 30px; height: 20px; margin-bottom: 5px;" type="checkbox"/> I have read and consent to the "Off Site Permission" statement above
<input style="width: 30px; height: 20px; margin-bottom: 5px;" type="checkbox"/> Authorized pick up information section completed and accurate	<input style="width: 30px; height: 20px; margin-bottom: 5px;" type="checkbox"/> I have read and consent to the "Photography Release" statement above
<input style="width: 30px; height: 20px; margin-bottom: 5px;" type="checkbox"/> Camper's medical information and history section completed and accurate	<input style="width: 30px; height: 20px; margin-bottom: 5px;" type="checkbox"/> I have read and consent to the Camp Release and Waiver of Liability
<input style="width: 30px; height: 20px;" type="checkbox"/> I authorize staff to administer Epinephrine in the event of an anaphylactic reaction	

\_\_\_\_\_  
Parent/Guardian (Sign)

\_\_\_\_\_  
Parent/Guardian (Print)

\_\_\_\_\_  
Date