

2015 SOUTHERN ALBERTA SUMMER GAMES

Registration Form – Vulcan County

Please submit completed form, along with registration fee to:

Vulcan County Regional Director: Channing Schneider

Forms can be delivered to: Box 360 or 321 – 2nd St South, Vulcan T0L 2B0

Cheques can be made out to: Town of Vulcan



All participants, including **coaches** and **managers**, are required to submit a registration form including the signed waiver agreement located on the back side, before participating in the 2015 Southern Alberta Summer Games. A **registration fee of \$20.00** must accompany this form before it will be processed. Coaches and managers (unless participating in a sport) are exempt from this fee. An additional fee may apply for particular sports that require affiliation with specific organizations or associations.

The Vulcan County's registration deadline is **June 3, 2015**. Late entries will not be permitted.

CONTACT INFORMATION

FIRST NAME:	LAST NAME:	AGE:
		DATE OF BIRTH: MM/DD/YYYY
ADDRESS:		CITY/TOWN:
POSTAL CODE:	T-SHIRT SIZE: CHILDREN – S M L XL ADULT – S M L XL XXL	
CELL PH:	EMAIL(S) <i>this is our primary way of communicating to you before the Games:</i>	
HOME PH:		
WORK PH:		

MEDICAL/CONTACT INFORMATION

Do you have a pre-existing medical conditions or allergies we should know about? If so, please list:		
	EMERGENCY CONTACT 1	EMERGENCY CONTACT 2
NAME:		
RELATIONSHIP:		
PHONE (please include the best number to reach you the day of games):		
EMAIL:		

SPORT INFORMATION

Sport (3 maximum): Please enter the sports you will participate in:	Event: Each sport has a specific event. Please indicate the events you will participate in:	Category/Age Group:	Team Name for team sports (optional):
<i>J&E: Badminton</i>	<i>Boys Singles & Doubles</i>	<i>U16</i>	<i>Team Canada</i>
Please check one: <input type="checkbox"/> Athlete/Participant <input type="checkbox"/> Coach/Manager			

**2015 Southern Alberta Summer Games
INFORMED CONSENT AGREEMENT**

COMPLETE ONE FORM FOR EACH PARTICIPANT, ATHLETE AND COACH

RISK: I, the undersigned understand and acknowledge that participation in the 2015 Southern Alberta Summer Games, and/or playoffs might result in personal injury, property damage or loss, and possible death. I fully understand these risks and hereby agree to participate in the 2015 Southern Alberta Games and/or playoffs voluntarily at my own risk. I further state that I am in proper physical condition to participate in these Games.

RULES: I understand that the rules and regulations are designed for the safety and protection of participants and hereby agree to abide by the rules and regulations set down by the 2015 Southern Alberta Summer Games Committee and Provincial Sport Associations.

LIABILITY: In consideration of acceptance of my participation in the 2015 Southern Alberta Summer Games and/or playoffs, I agree that the Town of Claresholm, the M.D. of Willow Creek, the Southern Alberta Recreation Association (S.A.R.A.), their volunteers, sponsors, employees or agents shall not be liable for any personal injury (including death), property damage, or loss arising from or in any way resulting from, my participation. In addition, permission is granted to administer any medical treatment that may be required.

MEDIA RELEASE: I give my permission for the free use of my name and picture in broadcast, telecast or written accounts of the 2015 Southern Alberta Summer Games.

PLEASE COMPLETE THE APPROPRIATE SECTION:

Under the age of 18

Release for Treatment of a Minor: In the event that no one can be contacted, the 2015 Southern Alberta Summer Games will take my child to the hospital/M.D. if deemed necessary. I hereby authorize the physician and nursing staff to undertake examination, investigation and necessary treatment of my child.

Release of Information: I also authorize the release of medical information to appropriate people (coach, physician, 2015 Southern Alberta Games Medical Team, including EMS and doctors) as deemed necessary by the 2015 Southern Alberta Summer Games Medical Team.

I, as the parent/guardian of the participant named herein, agree to assume full responsibility to instruct my child of the risks involved, and to inform him/her of the risks involved, and to inform him/her of the importance of abiding by the rules, regulations and Code of Conduct for the Southern Alberta Summer Games. I, as the parent/guardian of the participant named herein, have read, understood and agree to the contents of this Informed Consent in its entirety.

Signature of Parent/Guardian

Print name of Parent / Guardian

Of the full age of 18 years

Release of Information: I also authorize the release of medical information to appropriate people (coach, physician, 2015 Southern Alberta Games Medical Team, including EMS and doctors) as deemed necessary by the 2015 Southern Alberta Summer Games Medical Team.

I agree to assume full responsibility of the risks involved, and the importance of abiding by the rules, regulations and Code of Conduct for the Southern Alberta Summer Games. I have read, understood and agree to the contents of this Informed Consent in its entirety.

Signature of Athlete

Print name of Athlete

Note: Collection of the personal information on this form is authorized under the Southern Alberta Recreation Association and is required for the purpose of operating the Southern Alberta Summer Games. The information will be used for the said purpose and is subject to the disclosure rules set forth in the Freedom of Information and Protection of Privacy Act.