

Wolves Minor Basketball Registration, Liability and Waiver Form

Participant information

Legal First Name: _____ Middle Name: _____

Last Name: _____ Preferred Name: _____

Gender: _____ Date of Birth: _____ Current Age: _____ T-Shirt Size: _____

Address: _____

City: _____ Postal Code: _____

Parent First Name: _____ Parent Last Name: _____

Phone (H): _____ Phone (C): _____ Email: _____

Emergency contact (other than parent/guardian above): _____

Phone: _____ Alberta Health Care #: _____

Have you applied for Kidsport or Jumpstart funding? Yes • No •

Please visit kidsportcanada.ca or jumpstart.canadiantire.ca for more information.

IMPORTANT! Is the waiver form completed and signed on the back?

FOR OFFICE USE ONLY TO BE COMPLETED BY STAFF

Code	Description Code: 3462-651-63604	Times	Amount	Payment
PASC8380	WOLVES MINOR BBALL 5-6 YEAR OLD GF1	10:00-11:00 AM	\$70.00	
PASC8380	WOLVES MINOR BBALL 5-6 YEAR OLD GM1	10:00-11:00 AM	\$70.00	
PASC8380	WOLVES MINOR BBALL 7-8 YEAR OLD GF2	11:15-12:15 PM	\$70.00	
PASC8380	WOLVES MINOR BBALL 7-8 YEAR OLD GM2	11:15-12:15 PM	\$70.00	
PASC8380	WOLVES MINOR BBALL 9-10 YEAR OLD GF3	12:30-1:45 PM	\$70.00	
PASC8380	WOLVES MINOR BBALL 9-10 YEAR OLD GM3	12:30-1:45 PM	\$70.00	
PASC 8380	WOLVES MINOR BBALL 11-13 YEAR OLD GF4	2:00-3:15 PM	\$70.00	
PASC8380	WOLVES MINOR BBALL 11-13 YEAR OLD GM4	2:00-3:15 PM	\$70.00	

Total Amount Paid: _____ Payment taken by: _____ Receipt #: _____

Player Name: _____ Age Group: _____

GPRC Wolves strives for each player to have a good experience and information gathered below assist our staff in programming and preparation. This information revealed in this form will be kept confidential. The personal information on this form is collected under the authority of Section 32 (C) of the freedom of information and privacy act.

Does your child have allergies or medical conditions? Yes • No •

Explain the procedure involved in dealing with your child's allergic or medical condition (if applicable) _____

Will your child need medications during the camp? If yes, please explain. _____

Has your child been diagnosed with a condition that affects learning, a psychiatric diagnosis or an emotional health concern? If yes, please explain. _____

Do you wish to pass along any concerns of this nature that have not been diagnosed? _____

Please check the behaviors' that apply to your child:

☐ No unusual behavior ☐ Physically Aggressive ☐ Verbally Aggressive ☐ Withdrawn/Shy ☐ Temper Tantrums☐ Self-Injurious ☐ Wanders/Runs Away Other: _____

Please explain any checked behavior, frequency, and methods of dealing with this behavior: _____

Is your child susceptible to headaches, nosebleeds, fainting, colds, sinus problems, heat sensitivity or any other physical ailments? If yes, please explain. _____

Is your child susceptible to digestive ailments? _____

Is your child susceptible or does your child presently have joint pains or injuries? If yes, please explain. _____

Is your child susceptible or have a history of concussions? _____

Is your child susceptible or presently has back pains or problems? If yes, please explain. _____

Liability and consent release

Health Accuracy: This is to acknowledge that the information revealed in the above document is accurate and truthful. I understand that withholding information may contribute to injury, illness, or death and possibly compromise the care provided in the event of an emergency. In result that the information in the above document changes prior to or during the program I will immediately notify the GPRC Wolves staff.

Signed: _____

Liability; This is to certify that I/we the guardian/parent of the above-mentioned applicant agree to hold blameless the officials or sponsoring bodies of the Wolves program, in the event of any loss, damage of injury suffered during games or practices, sanctioned by the said association(s).

Signed: _____

Photo Consent: I hereby grant permission to GPRC to take my child's photo during the program. These materials will become the property of GPRC and will not be returned. The usage of the pictures will be as follows: group picture given to all children attending the program, promotional material such as posters, postcards, flyers, and photos on the GPRC website/social media. GPRC reserves the right to discontinue the use of the image(s) without notice and that there will be no compensation to me for the use of the photographs.

☐ Yes ☐ No ☐ Only the group photo

Signed: _____