

Application to Participate – Assumption of Risk – Release of Liability

\*\*\*\*\* PLEASE READ CAREFULLY AND FILL IN THE FORM IN ITS ENTIRETY \*\*\*\*\* PLEASE PRINT LEGIBLY \*\*\*\*\*

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Full Legal First Name:** | | | | **Address:** | | | | | | |
| **Middle Name or Initial:** | | | | **City:** | | | | **Prov** | | **Postal Code** |
| **Full Legal Last Name:** | | | | **School Attending:** | | | | | | |
| **Current Grade:** | **Current Age:** | | | **Birth Date:** | | | **Gender:** | | | |
| Parent/Guardian #1 | | | | Parent/Guardian #2 | | | | | | |
| **First Name:** | | | | **First Name:** | | | | | | |
| **Last Name:** | | | | **Last Name:** | | | | | | |
| **Home Phone:** | | | | **Home Phone:** | | | | | | |
| **Cell Phone:** | | | | **Cell Phone:** | | | | | | |
| **Work Phone:** | | **Ext:** | | **Work Phone:** | | | | | **Ext:** | |
| **Email address:** | | | | **Email address:** | | | | | | |
| **Medical Conditions** (i.e.: Allergies, Asthma, Diabetes, etc.) | | | | | | | | | | |
| **Emergency Contact Other Than Parent:** | | | | | | **Phone:** | | | | |
| **Doctor:** | | | **Phone:** | | **Medicare:** | | | | | |

(I/We) the parents/guardian of the above-named applicant, hereby request that (my/our) child participate and give (my/our) approval for the above-named child to participate in Sport Day. (I/We) do assume all risk and hazards incidental to such participation, including transportation to and from the activities, and (I/We) do hereby waive, release, absolve, indemnify and agree to hold harmless Sport NB, UNBSJ, or the Canada Games Aquatic Centre, its organizers, sponsors, supervisors, coaches, participants, and persons transporting the above-named child to and from activities, from any claim arising out of an injury to the above-named child, including costs and legal fees. WE UNDERSTAND THAT PARTICIPATION IN ATHLETICS INVOLVES RISK. (I/WE) UNDERSTAND AND ASSUME ALL RISK OF INJURY TO (MY/OUR) CHILD. As the parent or legal guardian of the above-named participants (I/We) hereby give my consent for emergency medical care prescribed by a duly licensed Physician. This emergency care may be given under whatever conditions are necessary in the judgment of Sport NB and its volunteers. (I/We) hereby give my consent for any photos taken of my child to be used by Sport NB for promotion and advertising of Sport Day.

**SIGNATURE OF LEGAL GUARDIAN**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DATE** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Print Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Relationship** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone #:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Would you be interested in volunteering? Y N**

|  |
| --- |
| **Shirt Size for PARTICIPANT (Circle One):** |
| Youth: - XS S M L XL Adult: - S M L  XL XXL XXXL |

