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| **PARTICIPANT INFORMATION:**  Name of participant: Birthdate:  Date of camp: Grade entering in 2016/17 school year: |

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| **EMERGENCY CONTACT INFORMATION:**  Emergency contact:  Phone: (home) (work) (Cell)  Relationship to participant:  List any medications, medical conditions and/or allergies |

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| **MEDICAL INFORMATION:**  Family Doctor: Care Card #  Phone: |

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| **SIGN-OUT POLICY**  All participants under the age of 14 must be signed out at the end of the day by someone authorized by you. Please provide the names of the people authorized to sign your child out of camp:  Please check the box below if your child has consent to sign himself/herself out at the end of the camp day to walk home:  Yes, my child has my consent to sign himself/herself out at the end of the day. |

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| **PHOTO RELEASE**  Northern Stars Sports camp will occasionally take pictures of its camp participants for use in promotional/advertisement materials or publications (brochures, facebook page, newspaper ads, etc.). By ticking the box below, you agree to allow Northern Stars Sports Camp to reproduce the likeness of your child in such promotional/advertisement materials and publications  Yes, I agree. |

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| **ACKNOWLEDGEMENT AND ACCEPTANCE OF RISK, AND CONSENT**  I have reviewed the description of the **Northern Stars Sports Camp** programming and feel I have sufficiently informed myself about the nature of the camp and the activities involved. **I acknowledge that there are risks, dangers, and hazards associated with my child’s participation in the camp including, but not limited to: impact and collision with other players, instructors, or spectators; impact with objects or equipment used in connection with playing low organized games (basketball and volleyball) and any variation of the aforementioned sport or activity; changes in the type of surface and the condition of each surface, including playing fields, playing courts, gymnasium and change rooms; loss of balance; failure to play safely within one’s own ability; failure to play against others of equal stature or ability; theft; consumption of food and drink, whether made by professionals or by non-professionals; and negligence of other participants or Northern Stars Sports Camp staff.**  I also give permission for camp staff members to administer first aid treatment to my child, and acknowledge that I will be responsible for any medical or other charges in connection with my child’s treatment.  Participants are expected to be respectful and considerate towards other participants, and Northern Stars Sports Camp staff. Participants are expected and required to follow the direction of all instructors, to stay in close proximity to their instructors during the program and not leave without consent and informing camp instructors. If there is a break to these rules, instructors will discuss the issue with the participant and/or their parents or guardian. In the event that there is a continuous breach of these rules, Northern Stars Sports Camp may require the participant to withdraw from the remainder of the camp, without reimbursement of any camp fees. **I confirm that I have discussed these rules and expectations with my child.**  I hereby consent to my child’s participation in the camp on the terms and conditions set above by signing below.  Signature of Parent/Legal Guardian:  Printed Name of Parent/Legal Guardian:  Date:  **Please mail, fax or email form to the Northern Stars Sports Camp before the first day of camp.**  **Please note a separate consent form must be submitted for each camp member you register.**  Mail: Attn: Megan Inglis  9816 106 street  Fort St. John BC, Canada V1J 4E0  Fax: (250) 785-5043  Email: northernstarssportscamp@gmail.com |