

The Basketball Edge

2019 SUMMER CAMP Registration and Waiver Form



Registration Deadline June 1, 2019

Complete both sides of the registration form and submit with payment (\$315 incl. GST)

Online: email scanned registration form and pay via online banking e-transfer to:
camp@thebasketballedge.com

Mail: send or drop-off completed registration form with cheque (no post-dated cheques) to:
The Basketball Edge
186 Sunflower Cres.
Sherwood Park, AB T8H 2N2

Camp confirmation will be provided once completed and signed registration form and payment are received.

Refund Policy Cancellations prior to June 1 will receive refund less \$50 administrative fee.
Cancellations between June 1 and June 23 will receive 50% credit towards another Basketball Edge Camp
No Refunds or Credits for cancellations after June 23.

BOYS CAMP: July 1-5, 2019

GIRLS CAMP: July 8-12, 2019

Player Information

| | | | |
|-----------------------------|----------|------------------------------------|--|
| Player Name : | _____ | Camp: Boys _____ | Girls _____ |
| (the "Player") | | | |
| T-shirt | _____ | Date of Birth: | _____ |
| Adult size | S M L XL | | DD /MM / YYYY |
| | | | Must be 10yrs old or more as of Mar. 1, 2019 |
| Home Address: | _____ | | |
| City, Province: | _____ | Postal Code: | _____ |
| School Currently attending: | _____ | Current Grade: (2018/2019 year) | _____ |

Parent/ Guardian Contact Information

| | | | |
|------------------------|-------|-----------------|-------|
| Parent/Guardian Name: | _____ | Home phone #: | _____ |
| Parent/Guardian Email: | _____ | Mobile phone #: | _____ |

Additional Emergency Contact Information (other than above)

| | | | |
|-------------------------|-------|------------------|-------|
| Name: | _____ | Home phone #:: | _____ |
| Relationship to Player: | _____ | Mobile phone #:: | _____ |

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Medical/ Other Information

Please indicate below if the Player has any health problems such as: epilepsy; diabetes; asthma; high blood pressure; orthopaedic problems; head or back conditions or injuries (last 2 years); chronic nose bleeds; dizziness; fainting; headaches; dislocated shoulder; hernia; swollen, hyper-mobile, or painful joints; knee disorder; cardiovascular condition or any other medical conditions:

Acknowledgment, Liability Waiver, Medical Consent & Consent to Release Personal Information Form

Both the Player and Parent/Guardian agree that:

1. The Player is physically, mentally and medically able to participate in all the activities of this program.
2. The Basketball Edge will not provide one-on-one supervision, special needs or medical support. If a Player meets the eligibility requirements for the selected program and is supported by an aide at school, the Player may be able to attend the program; however the Player must be accompanied by an aide to be provided and paid for by the parent/guardian. Arrangements are to be discussed with The Basketball Edge prior to the registration deadline.
3. The Basketball Edge is permitted to utilise the Player's name, statements, photograph, game performance or likeness in any live or recorded form, in whole or in part, for promotional and commercial purposes or otherwise, without any additional consideration.
4. The Basketball Edge reserves the right to make a location or coaching change without any additional consideration.
5. All registrations are for the named Player only and are non-transferable.
6. The Basketball Edge reserves the right to request any Player to withdraw from the program if the Player is not acting in an appropriate and responsible manner; and to cancel any program without any refund for the remaining portion.

I, the undersigned, being the parent or legal guardian of the Player am aware and acknowledge that basketball is a sport that has inherent dangers and risks for any participant including the Player and to hereby consent to those risks as part of the Player's participation in The Basketball Edge program, camp or team ("TBE") and any event or activity in which TBE participates.

In consideration of the Player being able to participate in TBE as well as other good and valuable consideration (the sufficiency of which is hereby acknowledged), I agree to waive any and all claims for losses, injury or damages incurred or suffered by the Player while participating in any event or activity in which TBE participates. I agree that this waiver shall apply to TBE, its officers, directors, coaches, players as well as those responsible for the gymnasium or facilities in which such events or activities occur.

I give TBE my permission and consent for TBE to seek emergency medical treatment for the Player if the Player is injured in any event or activity in which TBE participates. I agree that I will be responsible for any and all costs or expenses associated with TBE seeking emergency medical treatment for the Player.

I consent to TBE disclosing the Player's personal information to Basketball Alberta, insurance provider, health care providers (if required) and other third parties (such as: tournament organizers for team programs).
(See www.TheBasketballEdge.com for more details).

The parent/guardian and player cannot exclude (in whole or in part) any of the above statements in this consent.

I HAVE CAREFULLY READ, CLEARLY UNDERSTAND, AND VOLUNTARILY SIGN THIS ACKNOWLEDGMENT, LIABILITY WAIVER, MEDICAL CONSENT AND CONSENT TO RELEASE PERSONAL INFORMATION FORM.

Print name of Parent/Guardian

Signature of Parent/Guardian

Date (dd/ mmm/ yyyy)