

# Youth Registration & Waiver 2016-2017



Child Information: Please Print Clearly

Male  Female

\_\_\_\_\_

Last Name

First Name

Middle Name

\_\_\_\_\_

Birthdate

Age at program

Home Phone Number

\_\_\_\_\_

Address

City, Province

Postal Code

May we email you about future programming?  Yes  No

Parent Email (for information packages) \_\_\_\_\_ May we use photos of this child for marketing?  Yes  No

### Marital Status of child's parents/guardians:

Single  Married  Separated  Divorced  Widowed  Common Law  Other

### Legal Custody: Who has legal custody and is legally responsible for the child?

Both Parents  Joint Custody  Mother  Father  Guardian  Other: \_\_\_\_\_

\*\*\*List in order who should be contacted in case of an emergency\*\*\*

	Last Name	First Name	Relationship	Home Phone	Cell Phone
1					
2					
3					

### Amateur Athletic Waiver and Release of Liability

In consideration of being allowed to participate in any way in the Hoodoo Adventure Company athletic sports program, related events and activities, the undersigned acknowledges, appreciates and agrees that:

1. The risk of injury from the activities involved in this program is significant, including potential for permanent paralysis and death, and while particular rules, equipment and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If however I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I for myself and on the behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS, Hoodoo Adventure Company, their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors or premises used to conduct the events ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER CAUSED BY NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHT BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

### FOR PARTICIPANTS UNDER THE AGE OF MINORITY (UNDER AGE OF 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as a parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and for myself, my heirs, assigns, and next of kin, I release and agree to indemnify the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above.

X \_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

X \_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

# Youth Medical Form 2016-2017



Health Card Number (Must be provided)

Doctor's Name

Doctor's Phone Number

**Special Medical Considerations:** Please attach additional paper if necessary

Does this child have *life threatening* allergies?  No  Yes. If yes, please ask for our Anaphylaxis Emergency Plan.

Non-life threatening allergies (be specific):

Does this child have Asthma?  No  Yes -> Degree of severity:  Mild  Moderate  Severe  Activity Induced

*\*\*\*If your child is required to carry an EpiPen or an inhaler, please provide two non-expired EpiPens or inhalers; one for your child to carry, and one for the program leaders to carry\*\*\**

Does this child suffer from Epilepsy?  No  Yes. Details (type, potential causes, frequency, effectiveness of medications):

Is this child diabetic?  No  Yes. Details (type, diet, etc.)

Does your child have any other special medical considerations?  No  Yes (please explain)

**Does this child have a tetanus immunization?**  Yes  No

**Special Emotional Considerations:** Please attach additional paper if necessary

In the past year has there been any changes in the family?

Birth  Marriage  Divorce  Separation  Death  None  Other, specify:

Does your child easily make friends with:  own age  younger  older  adults

Is your child...  eager to attend  urged by parent to attend

Are there any other special emotional considerations for your child that we should be aware of?

**Medications:** Please attach additional paper if necessary

Is your child currently taking any medications?  No  Yes (details: medication name, dosage, time given, purpose, etc.)

**Limitations:** Please attach additional paper if necessary

Please provide details on any physical, emotional limitation or otherwise that might affect their enjoyment of our program:

*\*Note: Overnight programs will require an additional overnight medical form to be completed prior to program start\**

I, \_\_\_\_\_, do hereby declare that I am the parent or legal guardian of the above participant, and consent that he/she may participate in activities at Hoodoo Adventure Company. I certify that the above information is true and accurate, and agree to advise Hoodoo Adventure Company, in writing, of any change in the medical condition of the person listed above. I understand that unless Hoodoo Adventure Company hears from me otherwise, they will assume all medical information is unchanged from the date of this agreement.

X \_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Full name

\_\_\_\_\_  
Date