



Piikani Nation Registration & Waiver Form

To register for this baseball/softball camp all parts of this document must be complete.

Please fill the form out and leave at the table or return to

Recreation Manager Joseph Yellow Horn.

Player Information		
Player's Name:	Date of Birth:	
Player's Mailing Address:		
Town/City:	Province:	Postal Code:
Player's Physical Address/Land Location:		
Birth Certificate Number:	Alberta Health Care Number:	
Home Phone:		
Gender (circle):	Male Female	Years of Baseball Experience: 1 2 3 4 5/more

Parent/Guardian Information			
Father's Name:		Mother's Name:	
Father's Mailing Address:		Mother's Mailing Address:	
City:	Province:	City:	Province:
Physical Address/Land Location:		Physical Address/Land Location:	
Home Phone:		Home Phone:	
Work Phone:		Work Phone:	
Cell Phone:		Cell Phone:	
Email:		Email:	

Emergency Contact Information	
Emergency Contact #1	
Name:	Phone/Cell (circle):
Emergency Contact #2	
Name:	Phone/Cell (circle):

Player Medical Information	
Any Medical or Allergy Issues:	
Symptoms & Response to Reaction:	
Medication & Dosage:	Additional Info:
Epi Pen: Yes or No	Medic Alert I.D.-

The personal information on this form is collected under the authority the Freedom of Information and Protection of Privacy Act. The purpose of this collection is to respond to potential emergency situations involving the player whom you have identified as subject to a potentially life-threatening allergy. If you have any questions concerning the collection, use of disclosure of this information, please contact Joseph Yellow Horn either in writing or by telephone.

During my (our) absence during the camp from **August 21 to August 22, 2018** we appoint the Hi-Tek Sports Staff and Piikani Recreation, to consent (each individually) for all medical or surgical treatment or other medical procedures the child named above (including, but not limited to, emergency services, administration of anaesthesia, blood transfusions, diagnostic tests, etc.) that may be required during such absence.

Participant Waiver: I agree that I shall provide health insurance to cover any personal injury and property damage incurred while participating in this Hi-Tek Sports Clinic. Certain risks are inherent during the participation of any sport training program. Hi-Tek Sports will not be liable for lost or stolen items during the duration of the clinic. I, the undersigned for myself, my heirs and assigns, do hereby release Hi-Tek Sports Group, employees, instructors, counsellors and agents from all costs, claims or demands which we shall or make hereafter have, suffer or receive by reason of such participation in this sporting program.



Signature of Parent or Legal Guardian

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY NOTICE AND CONSENT

PLAYER NAME (print name) _____ DATE OF BIRTH _____

The purpose of this notice and consent is to provide documentation on the use of player information, pictures, and statistics for non-profit purposes and to obtain consent for such use.

Player information is collected and maintained to properly coordinate and operate the Piikani Nation Recreational programs.

1. Player's names, information, data, photos, and comments may also be used in recreational displays, Hi-Tek Sports website or other social media outlets, annual reports, Piikani Recreational Department and other sport or local publications.
2. Individual/team photos may be taken and displayed in the local newspaper, facilities, arenas, and the office of the Piikani Administration, Recreation and Hi-Tek Sports. Other reports and advertisements prepared by the Piikani Recreation are permitted as well.
3. Players' names and parent/guardian telephone, e-mail, and other information may be used for the purposes of communication matters.
4. This consent shall remain active for as long as the player is eligible for Piikani Nation Recreational activities and need only be signed once.

I hereby consent to the above:

Signature of Parent/Guardian: _____ **Date:** _____

Parent/Guardian (print name) _____