



# COUGARS

## Youth Summer Volleyball Camp Registration

**For:** Boys and girls entering grade 6-9

**Dates:** August 20-24, 2019

**Times:** 9 a.m. – 12 noon

**Where:** ACC Victoria Ave East Gymnasium

**Cost:** \$125/athlete

Please download and complete the full registration form, then scan and email to: Alanna Simpson ([cougars@assiniboine.net](mailto:cougars@assiniboine.net))

### Athlete Information:

**Athlete Name:** First \_\_\_\_\_ Last \_\_\_\_\_

**Entering Grade:** \_\_\_\_\_

**Birthdate:** Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**Street Address/PO Box:** \_\_\_\_\_

**City:** \_\_\_\_\_

**Postal Code:** \_\_\_\_\_

### Parent/Guardian Info:

**Parent/Guardian Name:** First \_\_\_\_\_ Last \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Street Address/PO Box:** \_\_\_\_\_

**City:** \_\_\_\_\_

**Postal Code:** \_\_\_\_\_



**Emergency Contact Information:**

**\*Will be used if the Parent/Guardian cannot be reached**

**Emergency Contact's Name:** First \_\_\_\_\_ Last \_\_\_\_\_

**Relationship to Athlete:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Alternate Phone Number:** \_\_\_\_\_

**Important Information:**

**Does the athlete have any allergies, illness, or medical condition that the coaches should be made aware of? If yes, please explain:**

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**Is the athlete prescribed an inhaler? If yes, please explain any instructions:**

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Assiniboine Community College
Release of Liability, Waiver of Claims,
Assumption of Risk and Indemnity Agreement

WARNING: By signing this document you will waive certain legal rights, including the right to sue.

PLEASE READ CAREFULLY!

To: Assiniboine Community College

Name of Participant: \_\_\_\_\_

Address of Participant: \_\_\_\_\_

ASSUMPTION OF RISKS

I am aware that participation in the Cougars Youth Volleyball Camp has many inherent risks, dangers and hazards including but not limited to:

personal injury or illness including death due to athletic injuries including overexertion, sprains, muscle pulls or tears, or injury resulting from the use, misuse, or non-use or failure of any equipment.

I freely accept and fully assume all such risks, dangers and hazards and the possibility of personal injury, death, property damage or loss, resulting therefrom.

RELEASE OF LIABILITY, WAIVER OF CLAIMS, AND INDEMNITY AGREEMENT

In consideration of Assiniboine Community College allowing my participation in the Cougars Youth Volleyball Camp, I agree as follows:

- 1. TO WAIVE ANY AND ALL CLAIMS, including without limitation claims in negligence, that I have or may have in the future against Assiniboine Community College, and its members, officers, employees, students, agents, volunteers and independent contractors (all of whom are hereinafter collectively referred to as "the Releasees");
2. TO RELEASE THE RELEASEES from any and all liability for any loss, damage, injury or expense that I may suffer, or that my next of kin may suffer as a result of my participation in the Cougars Youth Volleyball Camp due to any cause whatsoever including negligence on the part of the Releasees.
3. TO HOLD HARMLESS AND INDEMNIFY THE RELEASEES from any and all liability for any damage to the property of, or personal injury to, any third party resulting from my participation in the Cougars Youth Volleyball Camp.
4. This agreement shall be effective and binding upon my heirs, next of kin, executors, administrators, assigns and representatives in the event of my death or incapacity.

In entering into this Agreement, I am not relying upon any oral or written representations or statements made by the Releasees other than what is set forth in this Agreement.

I DO HEREBY CONFIRM AND ACKNOWLEDGE THAT THIS WAIVER IS VOLUNTARILY SIGNED BY ME HAVING AMPLE OPPORTUNITY TO READ THE SAME WITH FULL KNOWLEDGE AND UNDERSTANDING OF THE CONTENTS.

I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS WHICH I OR MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS AND ASSIGNS MAY HAVE AGAINST THE RELEASEES.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Signature of Participant

Signature of Parent or Guardian

Print Name of Participant

Print Name of Parent or Guardian