Sunday Volleyball Experience Registration

Dates: Sundays October 19 and 26, November 2, 9, 16 and 23

Times: please select one

- ☐ Grade 5 – 6 (2pm – 3:30pm) Ran by Joel Small
- ☐ Grade 7 – 8 (12pm – 1:30pm) Ran by Jayde Hansen-Young
- ☐ Grade 9 – 10 (10am – 11:30am) Ran by Greg Beckwith
  (Along with other Cougar coaches and players)

Where: Assiniboine College Gymnasium

Cost: $150 per athlete

Please download and complete the full registration form, then scan and email to wvolleyball@assiniboine.net

Payment can be made by e-transfer to the above email

Athlete Information:

Athlete Name: First _____ Last _____

Current Grade: _____

School:_____

Birthdate: Month _____ Day _____ Year _____

Parent/Guardian Info:

Parent/Guardian Name: First _____ Last_____

Phone Number: _____

Street Address/PO Box: _____

City: _____

Postal Code: _____

Email Address:_____

Emergency Contact Information:

Same as Parent/Guardian Contact Info? Yes _____ *No _____

*Please complete the following:

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 athletic staff should be made aware of? If yes, please explain:

_____

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

_____

To be read and signed by the Student Athlete and the Parent /Legal Guardian if the Student Athlete is under 18 years old.

ACKNOWLEDGMENT OF RISKS AND WAIVER OF CLAIMS

I understand, recognize, and acknowledge that participating in any sport or physical activity can be dangerous and can involve many risks of serious injury. I acknowledge that it is my responsibility to understand and obey instructions and rules for any sport or other physical activity or use of equipment, and to seek help from the coaching and other staff if I have questions. I understand that, notwithstanding precautions taken by Assiniboine College, however, there are risks of serious injury and/or death.

I am voluntarily participating in sports and using equipment while at AC with knowledge of the dangers and risks involved. I hereby assume and accept any and all risks associated with my participation in sports at AC (whether at AC's athletic facilities or elsewhere).

In consideration of being presented an opportunity to participate in sports and other physical activities at AC and to use associated equipment, I do hereby release, hold harmless, and forever discharge and agree not to sue Trustees of AC and its trustees, officers, agents, volunteers and employees from and for any and all claims, responsibilities, liabilities, demands, damages and causes of action of any nature whatsoever for, on account of, or by reason of my participation in sports or other physical activities at AC (whether at AC athletic facilities or elsewhere), whether or not caused by the ordinary negligence of AC.

I have read and understand this document, and I voluntarily agree to be bound by it.

_____ _____

Signature of Student Athlete Date (DD/MM/YYYY)

_____ _____

Signature of Parent/Guardian Date (DD/MM/YYYY)

_____

Name of Parent/Legal Guardian (PRINT)