

2011 SOUTHERN ALBERTA SUMMER GAMES

Registration Form

July 6th to 9th, 2011
City of Medicine Hat



All participants, including coaches and managers, are required to submit a signed and witnessed waiver form before participating in the 2011 Southern Alberta Summer Games. The registration fee must accompany this form before it will be processed. Coaches and Managers (unless participating in a sport) are exempt from this fee. An additional fee may apply for particular sports that require affiliation with specific organizations or associations (i.e. Golf).

REGISTRATION DEADLINE IS JUNE 7th, 2011! NO LATE ENTRIES WILL BE ACCEPTED!

First Name:		Last Name:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
				AGE:	
				Date of Birth:	
Address:				City/Town:	
Postal Code:		Region: County of Vulcan		AB Health Care #:	
Contact Info:	(Home Phone):	(Work):	Email:		
		(cell):			
T-Shirt Size: (Circle One)	Adult: XS S M L XL XXL			Children: S M L XL	
Do you have a pre-existing medical condition/allergy of which we should be made aware? (CHECK ONE)					
<input type="checkbox"/> NO <input type="checkbox"/> YES (Please list)					

Sport (3 maximum) Please enter sports you to a maximum of three. eg. Badminton, Athletics, Soccer	Event Some sports like Athletics (Track & Field) have a number of events high jump, discus, etc. Please indicate the events you will participate in.	Category/ Age Group ie: U14, Pee Wee, Midget	Team Name (optional) Team sports enter "Team" name.
IE: Badminton	Boys Singles & Doubles	U16	Team Canada
Please Check one: <input type="checkbox"/> Athlete/Participant <input type="checkbox"/> Coach/Manager			

**PLEASE BE SURE TO SIGN THE CONSENT WAIVER!!
YOU CANNOT PARTICIPATE WITHOUT IT!!**

Mail completed forms to:
Vulcan Recreation Office
Box 360
Vulcan, AB
T0L 2B0

**BE AWARE OF THE
REGISTRATION
DEADLINE!!
JUNE 7th 2011**

2011 Southern Alberta Summer Games INFORMED CONSENT AGREEMENT

COMPLETE ONE FORM FOR EACH PARTICIPANT, ATHLETE AND COACH!

RISK: I, the undersigned understand and acknowledge that participation in the 2011 Southern Alberta Summer Games, and/or playoffs might result in personal injury, property damage or loss, and possible death. I fully understand these risks and hereby agree to participate in the 2011 Southern Alberta Games and/or playoffs voluntarily at my own risk. I further state that I am in proper physical condition to participate in these Games.

RULES: I understand that the rules and regulations are designed for the safety and protection of participants and hereby agree to abide by the rules and regulations set down by the 2011 Southern Alberta Summer Games Committee and Provincial Sport Associations.

LIABILITY: In consideration of acceptance of my participation in the 2011 Southern Alberta Summer Games and/or playoffs, I agree that the City of Medicine Hat, the Southern Alberta Recreation Association (S.A.R.A.), their volunteers, sponsors, employees or agents shall not be liable for any personal injury (including death), property damage, or loss arising from or in any way resulting from, my participation. In addition, permission is granted to administer any medical treatment that may be required.

MEDIA RELEASE: I give my permission for the free use of my name and picture in broadcast, telecast or written accounts of the 2011 Southern Alberta Summer Games.

PLEASE COMPLETE THE APPROPRIATE SECTION!

Under the age of 18 (Please check if applicable.)

Release for Treatment of a Minor: In the event that no one can be contacted, the 2011 Southern Alberta Summer Games will take my child to the hospital/M.D. if deemed necessary. I hereby authorize the physician and nursing staff to undertake examination, investigation and necessary treatment of my child.

Release of Information: I also authorize the release of medical information to appropriate people (coach, physician, 2011 Southern Alberta Games Medical Team, including EMS and doctors) as deemed necessary by the 2011 Southern Alberta Summer Games Medical Team.

I, as the parent/guardian of the participant named herein, agree to assume full responsibility to instruct my child of the risks involved, and to inform him/her of the risks involved, and to inform him/her of the importance of abiding by the rules, regulations and Code of Conduct for the Southern Alberta Summer Games. I, as the parent/guardian of the participant named herein, have read, understood and agree to the contents of this Informed Consent in its entirety.

Signed this _____ day of _____ 2011.

Signature of Parent/Guardian

Print name of Parent / Guardian

Of the full age of 18 years (Please check if applicable.)

Release of Information: I also authorize the release of medical information to appropriate people (coach, physician, 2011 Southern Alberta Games Medical Team, including EMS and doctors) as deemed necessary by the 2011 Southern Alberta Summer Games Medical Team.

I agree to assume full responsibility of the risks involved, and the importance of abiding by the rules, regulations and Code of Conduct for the Southern Alberta Summer Games. I have read, understood and agree to the contents of this Informed Consent in its entirety.

Signed this _____ day of _____ 2011.

Signature of Athlete

Print Name of Athlete