

GAMEREADEY

Athletes Name: _____ DOB: _____

Full Address: _____

Home Phone Number: _____ Parents Email Address: _____

Parents/Guardian Name: _____ Cell phone number: _____

Emergency Contact Name: _____ Cell phone number: _____

Dr. Name: _____ Phone Number _____

Care Card Number: _____

Minor Sports Association: _____

Position(s) Played: _____ # of Years: _____

Any Medical Concerns that we need to be aware of/sensitive to? YES NO

Please provide additional details if YES was circled: _____

Program Name: _____

Game Ready North Vancouver Youth Development Athletic Training Ltd. may take pictures of your child for use in social media sharing: YES NO

Game Ready North Vancouver Youth Development Athletic Training Ltd. can use the provided email address for communication: YES NO

***All the above information will be kept confidential and will not be shared with outside sources. ***

Internal Use:

Payment Method: _____ Total: _____

Credit Card Type: _____ CC #: _____ EXP: _____ SEC: _____

Cheque: # _____ Cash: _____ Other: _____

RELEASE

In consideration of me and/or my child participation in this program, I recognize that there are inherent risks associated. I hereby agreed to release Game Ready North Vancouver Youth Development Athletic Training Ltd. from all claims, liabilities, obligations, and costs which I may have against Game Ready North Vancouver Youth Development Athletic Training Ltd. and their respective agents, servants and representatives, arising out of injury, loss or damage while I or my child participate in the program, whether or not arising from any negligence on the part of Game Ready North Vancouver Youth Development Athletic Training Ltd. or their respective agents, servants and representatives.

Initial _____

CONSENT TO PARTICIPATE FOR INDIVIDUAL UNDER 19

I hereby give my consent for _____ to take part in the Game Ready North Vancouver Youth Development Athletic Training Ltd. Programs.

Initial _____

MEDICAL RELEASE

In the event that my child _____ is injured, ill or in need of medical attention and I am unable to be contacted, I authorize Game Ready North Vancouver Youth Development Athletic Training Ltd. or agents to seek medical attention and/or admit my child to hospital.

Initial _____

SPECIAL INSTRUCTIONS

Please provide any other special instruction that are staff should be aware of regarding your child:

Signature of Parent/Guardian

Date