



OKANAGAN SUN SPRING CAMP

Name of Participant _____

Address _____

City _____ Province _____

Age _____ Birth certificate # _____

Drivers License _____ Provincial Health # _____

High school/Midget Club _____

Facility / Field where Camp will be held: Apple Bowl East Field

Height _____ Weight _____ Position _____

ALL SPORTS, INCLUDING FOOTBALL, HAS ITS RISKS

I participate in the sport of Football because it is physically and mentally challenging. I acknowledge that I am aware of the possible RISKS, DANGERS, and HAZARDS associated with the sport of Football, INCLUDING THE POSSIBLE RISK OF SEVERE OR FATAL INJURY TO MYSELF OR OTHERS. These risks include, but are not limited to:

- Muscular injuries resulting from vigorous physical exertion and strenuous cardiovascular workouts involving rapid movement, quick turns and stops.
- Bruises, sprains, cuts, scrapes, broken bones and dislocations resulting from contact and collisions with other players, goal posts and the ground.
- Injuries to the eyes, teeth, face, head, and other parts of the body resulting from contact and collisions with other players, goal posts and the ground.
- Neck and Spinal cord injuries, which may render me permanently, paralyzed or result in my death.
- Participating against older, larger and more experienced players.
- Additional risks associated with my travel to and from the camp and associated with non-competitive activities related to camp socials.

PROTECTIVE EQUIPMENT

As a participant in this camp, I hereby agree to wear all protective equipment that is provided and will not use my helmet to butt, ram or spear another player. I also agree to wear a mouth guard and understand that if I choose not to wear a mouth guard that I am exposed to a much greater risk of injury. I acknowledge and accept the risks that I may be wearing equipment that I provide that has not been examined or approved by the Equipment Manager or assigns.

Football Canada Doping Consent

As a participant in this camp, I hereby agree to participate in the Football Canada Doping Control Program that is administered by the Canadian Center for Ethics in Sport. If randomly chosen, I will provide a urine sample, as required, within the specified time frames and acknowledge that failure to do so, amongst other penalties, will render me immediately suspended from any further participation in Football Canada and Sport Canada sanctioned competitions.

I AGREE TO BE RESPONSIBLE FOR MYSELF

I am participating voluntarily in this camp. I agree that there are risks in Football, as described above. By participating voluntarily in this camp, I am exposed to these risks and hazards and I agree to accept them and be responsible for any injury or other loss, which I might receive while participating at this camp.

If something happens to me, I release the organizers of the responsibility for any claims, demands, actions and costs, which might arise out of my participation. In this Agreement I understand "organizers" to mean: CJFL, BCFC, BCFC member teams, Football BC, Football Canada, owners / operators of the facility / field and each of their respective directors, officers, employees, coaches, volunteers and members.

I ACKNOWLEDGE MAKNG THIS AGREEMENT

This is a legal agreement. It is binding upon myself as well as upon my heirs, executors and representatives. I have read and understood all its terms and by signing it voluntarily I am agreeing to abide by these terms.

DATED this ____ day of _____, 2____, at the City of _____, in the Province of _____

(Print name of Participant)

(Signature of Participant)

Players under the age of 19 require the signature of their parent or guardian. _____

Print Name of Parent / Guardian _____