

TigerTown Football Clinics Registration Form

To register visit www.ticats.ca/page/tigertown-football-clinics;

Mail/Fax Completed Forms To: 1 Jarvis Street, Hamilton ON, L8R 3J2, Fax: 905-547-8423 – ATTN: Camps

Inquiries: Please contact *Vanessa Crapsi* at 905-547-CATS (2287) ext 266 or vcrapsi@ticats.ca

Child's Last Name: _____ First Name: _____ Birthday (dd/mm/yyyy): ___/___/____ Gender: M F (please circle)
Health Card Number(s): _____

Medical Information: Please list any medical concerns, allergies, or conditions that our staff should be aware of. Please include *preexisting conditions* and *physical* or *emotional concerns*. (A more detailed medical form follows this form.)

Mother's Last Name: _____ First Name: _____ **Permission to pick up child: YES NO (circle)**

Home address: _____ (All correspondence will be mailed to this address unless otherwise notified)
City: _____ Postal Code: _____ Is this the child's primary address? YES NO (circle)
Phone: _____ Other: _____ Email: _____

Father's Last Name: _____ First Name: _____ **Permission to pick up child: YES NO (circle)**

If same information as above, please check here

Home address: _____ (All correspondence will be mailed to this address unless otherwise notified)
City: _____ Postal Code: _____ Is this the child's primary address? YES NO (circle)
Phone: _____ Other: _____ Email: _____

Emergency Contact: _____ **Permission to pick up child: YES NO (circle)**

Phone: _____ Other: _____
Relationship to Child: _____

Please **list all names** of individuals who have permission to pick up child. Child will only be released to people listed and who have photo ID at time of pick-up: _____

Location	Field	Date	Price (tax included)	Hours	# of players	Total
Burlington	<i>Notre Dame High School</i>	08/28/11	\$65.00	2 - 6pm		\$
St. Catharines	<i>TBA</i>	09/18/11	\$65.00	12 - 4pm		\$
Hamilton	<i>Brian Timmis Field</i>	10/02/11	\$65.00	12 - 4pm		\$

Payment Options

(circle) CASH VISA MASTERCARD AMEX CHEQUE (payable to Hamilton Tiger-Cats Football Club) or ONLINE

Name as appears on card: _____

Card Number: _____ Expiry Date: _____

Signature: _____

Disclaimer:

I agree that neither the Hamilton Tiger-Cats, camp sponsors, coaches, players and/or persons participating in the camps are responsible for accidents and/or medical or dental expenses received as a result of my child participating in the camp. I further certify that the registrant is covered by OHIP and/or private health insurance. I understand that price is non negotiable upon late arrival or early departure. Permission is hereby granted for photographs and/or videotapes to be taken of my child(s) at the camp. The Hamilton Tiger-Cats have the right to utilize these photographs in the camp brochure, website or any other purpose. In the event that I cannot be contacted in an emergency, I hereby grant Ticats Camp Program permission to provide whatever immediate treatment that is a necessary and/or take my child to a hospital or other medical facility. I have carefully read all the information in this form and agree to all conditions.

Signature: _____ Date: _____

TigerTown Football Clinics
Medical Form (1 of 2)

The information on medical records is considered confidential, and will be released only to the clinic trainer and relevant staff. This information is meant to assist in providing the best possible care for all participants in the clinics. Please provide us with as much detail as possible and please be specific when answering all questions. **Errors on this form may result in delays caring for your child.** Medical information is not retained year to year. Please complete both pages, and mail/fax with the completed registration form.

Child's Last Name: _____ **Child's First Name:** _____

Clinic Attending: Burlington _____ St. Catharines _____ Hamilton _____

Home Phone: _____ **Date of Birth:** (dd/mm/yyyy): __/__/____ **Gender:** Male__ Female__

Health Card #: _____ (for emergencies only)

Participant's Doctor's Name: _____ **Phone:** _____

Emergency Contact Information

Primary Contact

Last Name: _____ First Name: _____
Relationship to child: _____ Phone: _____ Other: _____
Address: _____ City: _____ Postal Code: _____

Secondary Contact

Last Name: _____ First Name: _____
Relationship to child: _____ Phone: _____ Other: _____
Address: _____ City: _____ Postal Code: _____

Third Contact

Last Name: _____ First Name: _____
Relationship to child: _____ Phone: _____ Other: _____
Address: _____ City: _____ Postal Code: _____

Please complete both pages

TigerTown Football Clinics
Medical Form (2 of 2)

Participants *Last Name*: _____ *First Name*: _____

Medical Information

Immunization: Is the participants immunization up to date? YES / NO
If NO, please elaborate:

Date of most recent Booster polio, tetanus, diphtheria (dd/mm/yyyy): __/__/____

Health Issues: Does your child have any health conditions that we should be aware of? Ex. Diabetes, epilepsy or prone to seizures, heart disease, kidney trouble, auditory or visual impairments, asthma, physical special needs, death in family, recent separation/divorce, etc? YES / NO

If YES, please elaborate (attach pages if needed):

Allergies: Does your child have any allergies (e.g. food, drugs, animals, insect, hayfever, etc)? YES / NO

If YES, please elaborate:

Does participant carry an epi-pen or any other allergy medication? YES / No

If YES, please specify: _____

Medication: Does your child require any medication to be taken or administered while at clinic?

Ex. ANA kit, inhaler, Ritalin, antibiotics, etc. YES / NO

•Does your child self administer the medicine or trainer required to do so? Self / Trainer

Ongoing Treatment: Is your child undergoing any kind of treatment for any physical or emotional illness, condition or injury? YES / NO

•Will this limit participation at clinic: YES / NO

If YES, please elaborate: _____

Dietary Conditions: Does your child have any dietary restrictions we should be aware of? YES / NO

If YES, please elaborate: _____

Other Information: any other information (child's fears, personal goals, preferences, etc)

Emergency Authorization: I understand that in registering for Ticats clinic that my child(s) will be partaking in physical activity, and that with any physical activity there is a risk of injury. In the event of an emergency, I authorize the physician/trainer associated with the clinic to secure proper treatment for the child indicated above. I understand that every effort will be made to contact me prior to any treatment deemed necessary. My signature below indicates that the above information is as accurate and complete as possible.

Name [print]: _____

Date: _____

Signature: _____

TigerTown Football Clinics

Release of Liability, Waiver of Claims, Assumption of Risks, and Indemnity Agreement (1 of 2)

**PLEASE NOTE: By signing this document you will waive certain legal rights, including the right to sue.
Please read both pages carefully!**

Name of Participant: _____

Address of Participant: _____

Clinic Dates: _____

Preamble

The TigerTown Football Clinic is an exceptional training opportunity, but it is not without certain risks, dangers and hazards to all Participants. These include, but are not limited to: delay or inconvenience, program cancellation or curtailment, the loss of personal property, injury and even death.

All persons taking part in the Program are required to accept these and other risks as a condition of their participation. The TigerTown Football Clinic, The Hamilton Tiger-Cats Football Club, The Minor sports affiliates or their agents and successors and any individuals connected with the clinics (of whom are hereinafter collectively referred to as "**the Releasees**") will not accept any liability for injury, loss, damage or expense sustained as a result of any person's participation in the Program.

Statement of Risks

The Clinic involves the risks inherent in any athletic training program. These include, but are not limited to: physical injury and death.

It is always possible that the Clinic may not be completed or individual activities may be curtailed or cancelled. Reasons for curtailment or cancellation may include, but are not limited to: weather, illness or other circumstances beyond the control of the Releasees.

It is the responsibility of each Participant in the Program to learn as much as possible about the risks of the venture, to weigh those risks against the advantages, and to decide whether or not to participate.

_____ (Initial here)

TigerTown Football Clinics

Release of Liability, Waiver of Claims, Assumption of Risks, and Indemnity Agreement (2 of 2)

**PLEASE NOTE: By signing this document you will waive certain legal rights, including the right to sue.
Please read both pages carefully!**

In consideration of The Releases allowing my participation in the Program, I agree as follows:

1. To waive any and all claims that I have or may have in the future against the Releases. Arising in any way from my participation in the Program;
2. To release the Releases 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 Clinic due to any cause whatsoever including negligence, breach of contract, or breach of any statutory or other duty of care, on the part of the Releases;
3. To hold harmless and indemnify the Releases from any and all liability for any damage to the property of, or bodily injury to, any third party, resulting from my participation in the Clinic; and
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 Releases other than what is set forth in this Agreement.

I have read and understood this Agreement, and 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 Releases.

Signed the _____ day of _____, 20_____

Printed name of Parent or Guardian: _____

Signature of Parent or Guardian: _____

Printed name of Participant: _____

Signature of Participant: _____

Witness:

Printed Name of Witness (aged 19 or older)

Signature of Witness (aged 19 or older)

This Agreement must be completed in full, signed, dated, witnessed and must be initialed where indicated on page 1 before the Participant may begin the TigerTown Football Clinic(s).