

Football Alberta

ZONE 5 EXTREME Team Selection Camp Registration 2010

Athletes Name: _____ Birth Date: _____

Address: _____

City/Town: _____ Postal Code: _____

Phone Number: (H) _____ Height: _____ Weight: _____

Off/Def Position: _____ Alberta Health Care #: _____

Parent/Guardian Names: _____

Contact Number(s): _____

Contact email #1: _____ Contact email #2: _____

Allergies Yes/ No Details/Severity and medication required: _____

List other important Medical information that staff or emergency personnel should be aware of?

RELEASE AND INDEMNITY **PLEASE READ CAREFULLY!**

RE: Football Alberta's Alberta Summer Games Selection Camp, Zone Main Camp, Alberta Summer Games and Alberta Sport Recreation, Parks, and Wildlife Foundation.

TO: Alberta Amateur Football Association ("Football Alberta") and its directors, officers, employees, representatives, sponsors, officials, coaches, and agents (volunteers, contributing schools/community organizations providing equipment, medical personnel, hosting facility and its employees and directors collectively called "Agents")

I have read the guidelines and time lines issued for all the above listed events, which I understand and I agree to be bound by them. In consideration of your acceptance of my entry into one or all of the above listed events and or activities associated with therewith, I agree to : RELEASE, SAVE HARMLESS, AND INDEMNIFY "Football Alberta" and/or its agents from and against all claims, actions, cost, and expenses and demands in respect to death, injury, loss or damage to my person or property, wheresoever and howsoever caused, arising out of or in connection with, my taking part in the event and notwithstanding that the same may have been contributed to or occasioned by any act or failure to act (including, without limitation, negligence) by "Football Alberta" and or any one or more of its "Agents". I further acknowledge that:

- 1) The rules and guidelines governing this event are solely for the purpose of regulating the event and it remains the sole responsibility of me to govern myself in such a manner as to be responsible for my own safety.
- 2) I am aware of the risks inherent in participating in the event; and
- 3) I assume the risks and waive notice of all conditions, dangers or otherwise in or about the event.

I agree that this release shall bind my heirs, executors, administrators, and assigns. I have read the release and understand it.

I have also included my registration fee of **\$75.00** with this R.S.V.P. and understand that refunds are only available to myself if I withdraw (with notice to the Zone Sport Representative) prior to the commencing of the camp. (**Selection camp dates are May 1 and 2, May 8 and 9**)

Please return this document to the ZONE 5 Football Alberta Representative before April 28, 2010

Camp forms can be dropped off at Bev Facey CHS C/O **Zone 5 Extreme Team**, with the **\$75.00** selection fee. Cheques Payable to: **Zone 5 Extreme Team**

Parent/Guardian Signature

Date

Return to: Bev Facey Community High School, 99 Colwill Boulevard, Sherwood Park T8A 4V5