



Nisga'a Ts'amiks Vancouver Society

3983 Dumfries Street, Vancouver BC V5N 5R3

Phone: (604) 646-4944 Fax: (604) 646-4955 Website: www.tsamiks.com

Soccer Camp Registration

Date: August 17th – 20th, 2018

Facilitator: Zachery Munroe

Child's Full Name: _____

Gender: _____ Male / _____ Female (please check one) **Child's Citizenship #** _____

Birthdate: _____ / _____ / _____ **Care card #:** _____

Parent/Guardian Name: _____

Address: _____ **City:** _____ **Postal Code:** _____ - _____

Phone Number: _____ **Cell #** _____

Email: _____ **Work #:** _____

Family doctor: _____ **Doctor #** _____

Medical Conditions:

Is your child on any Medications: Yes ___ No ___

Please describe: _____

Does your child have any allergies: Yes ___ No ___

Please describe: _____

Does your child use an inhaler: Yes ___ No ___

Permission to assist your child with inhaler?: Yes ___ No ___

Does your child have any physical or mental disabilities?: Yes ___ No ___

Please describe: _____

Emergency Contact Information

Name: _____ **Relation to participant:** _____

Phone #: _____ **Cell #:** _____

Parent Signature: _____ **Date:** _____

Completed forms can be sent to programassistant@tsamiks.com or faxed to (604) 646-4955



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Soccer Camp is scheduled for: (please Check off applicable age category)

Sessions:

August 17th & 18th , 2018

August 19th , & 20th ,2018

___ Group 1 - Ages 4-6 (9:00am - 10:00am)

___ Group 3 - Ages 10 -12 (9:00am - 10:30am)

___ Group 2 - Ages 7-9 (10:00am - 12:30pm)

___ Group 4 - Ages 13 + (10:30am - 12:30am)

**Space is limited up to 25 Children /Youth per session; first come first serve for completed applications. The instructor will provide the times depending on the size of the groups*

Please provide any other information (e.g.: ALLERGIES, Medication intake your child may need assistance with) if you think it would be important for us to know about your child to ensure they feel comfortable and have a good experience:

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Photo Release Form

This letter confirms the agreement between the Nisga'a Ts'amiks Vancouver Society (NTVS) and you regarding, you and/or your child's (children) participation in having being photographed at the 2018 Nisga'a Ts'amiks Soccer Camp. It is recommended that a release be obtained when photographing a minor or Youth. Parent or guardian signatures are required; signatures of minors are not sufficient.

By signing this Photo Release form you hereby agree that you will not bring or consent to others bringing claim or action against the Nisga'a Ts'amiks Vancouver Society. It is understood that this permission is granted without any expectation of compensation.

I hereby give Nisga'a Ts'amiks Vancouver Society permission to use photographs of my child (children) and/or myself, for future use to help with the promotion of NTVS programs & services. These photographs could be used in NTVS promotional material, such as, but not limited to, NTVS Brochures, NTVS Website and/or NTVS Newsletters.

Yes, for taking photos

No, for taking photos

Printed Name: _____

Signature: _____ Date: _____

Authorization for Minors under 18 years of age:

Relationship to Minors: _____

Child's Name: _____ Age: _____

Child's Name: _____ Age: _____

Child's Name: _____ Age: _____

Child's Name: _____ Age: _____

Child's Name: _____ Age: _____

Child's Name: _____ Age: _____

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TO: PARTICIPANTS IN Soccer Camp Program 2018

FROM: NISGA'A TS'AMIKS VANCOUVER SOCIETY (NTVS)

TOPIC: INFORMED CONSENT AND WAIVER OF LIABILITY

Thank you for wanting to participate as an NTVS Sponsored member in Soccer Day Camp. To enable participation in this activity, please carefully read and sign this binding legal document.

Date: August 17th – 20th, 2018

Description: NTVS is sponsoring Nisga'a Ts'amiks members to participate in this year's Soccer Camp being offered for 4 days, for the month of August. The activities involve children to experience a outdoor soccer camp. These Soccer camps will be outdoor, so please dress you're kids for the weather. Participants are responsible for finding their own way to and from the venue.

Informed Consent: I hereby acknowledge my voluntary participation in the above described event. I understand and appreciate the nature of the risks inherent activity of this nature and I knowingly and voluntarily assume those risks. I understand and agree that neither NTVS, nor its directors, employees, agents, successors or assigns, may be held liable in any way for injury, illness, harm, property damage or any loss resulting from, or connected with, my participation in the above described event.

Release and Waiver of Liability: On behalf of myself, my estate, executor, administrators, successors or assignees, I hereby release NTVS, its directors, employees, agents, successors and assigns (collectively, the "Releases") from any and all liabilities, claims, costs or expenses arising from, or in any way related to, my child's participation in the above described event. I allow for NTVS to seek medical attention on my behalf in the event that it is needed, and that I as a parent will be contacted immediately. I agree that I will not take any action nor will I assert any claim against any third party who in turn may claim contribution, indemnity or other relief over, either at common law or in equity or under the *Negligence Act* or any other statute, from any of the Releases or in respect of any of the matters herein released.

I have read, understand and freely and voluntarily sign this *Informed Consent and Liability Waiver* agreement. I warrant that I am 19 years of age or older or I am the Parent/Guardian of the Minor and am executing this waiver on behalf of the Minor in my capacity as Parent/Guardian and with the intent that this waiver be binding on myself and the Minor for all legal purposes.

Parent/ Guardian Printed Name: _____ **Date:** _____

Parent/ Guardian Signature: _____

Child's Name: _____ Child's Age: _____

Child's Name: _____ Child's Age: _____

Child's Name: _____ Child's Age: _____

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