



2010 CAN Events Agency Basketball Spring League

Parental Consent, Waiver/Release of Liability, Medical Information

Participation in CAN Events Agency’s Basketball Spring League (the “Program”) involves a variety of physical activity which, by its nature, has the potential to cause damage or bodily injury. I hereby consent to the participation of _____ (“the Participant”) in the Program and I agree to and do hereby indemnify, save harmless and release CAN Events Agency, its officers, directors, governors, employees, agents, representatives and insurers (collectively referred to as “CAN Events Agency”) from any and all claims, actions, costs, expenses and demands of whatsoever kind, in respect to loss, damage, bodily injury or death to persons, including the Participant, or to property, which may arise out of or in connection with the Participant’s participation in the Program, unless such loss is occasioned by or attributable solely to the gross negligence of CAN Events Agency.

I acknowledge that CAN Events Agency hereby reserves the right to request that the Participant withdraw from the Program prior to its termination if, in the sole opinion of CAN Events Agency, the Participant is not acting in a responsible manner or displaying appropriate conduct, or in the event that the Participant’s behavior is deemed to constitute a danger to the health, safety or well being of other participants in the Program. I further confirm that any medical condition or medication requirements of the Participant, of which I am aware, have been disclosed to CAN Events Agency herein.

In connection with Program activities, illness or accident may occur and immediate medical attention may be necessary. I hereby grant permission for the coordinator in charge, or designate, to make arrangements for qualified medical attention for my child/ward or myself (for participants over the legal age of 18 years) in the event of an emergency without necessity of my prior approval. I understand that the designated emergency contact will be notified by the quickest means possible if this authority is exercised. I also consent to the transport of my child/ward or myself (for participants over the legal age of 18 years) by any available means to a medical facility, if medical treatment is required.

Participant name: _____	Signature of Participant: _____
Signature of Parent or Legal Guardian (if Participant is under 18 years of age):	
Name: _____	Signature: _____
Date: _____	Alberta Health Care #: _____
Emergency Contact	
Name: _____	Phone: _____
Please indicate any medical condition CAN Events Agency should be aware of and any medication needs (relevant to athletic participation): _____	

Please submit this form with your registration and payment via mail or fax (1-888-495-2988). For team registrations, each player must complete a separate form. A completed copy of the form must be given to CAN Events Agency staff prior to participation.

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TEAM ROSTER FORM - PAGE 2

TEAM NAME: _____

Player 7: Name: _____ Height: _____ Position: _____
Email: _____ T-Shirt size: _____
Address: _____
Phone: (h) _____ (w) _____ (c) _____
High school/college teams and when: _____

Player 8: Name: _____ Height: _____ Position: _____
Email: _____ T-Shirt size: _____
Address: _____
Phone: (h) _____ (w) _____ (c) _____
High school/college teams and when: _____

Player 9: Name: _____ Height: _____ Position: _____
Email: _____ T-Shirt size: _____
Address: _____
Phone: (h) _____ (w) _____ (c) _____
High school/college teams and when: _____

Player 10: Name: _____ Height: _____ Position: _____
Email: _____ T-Shirt size: _____
Address: _____
Phone: (h) _____ (w) _____ (c) _____
High school/college teams and when: _____

Player 11: Name: _____ Height: _____ Position: _____
Email: _____ T-Shirt size: _____
Address: _____
Phone: (h) _____ (w) _____ (c) _____
High school/college teams and when: _____

Player 12: Name: _____ Height: _____ Position: _____
Email: _____ T-Shirt size: _____
Address: _____
Phone: (h) _____ (w) _____ (c) _____
High school/college teams and when: _____