



2019-20 Rise & Shine Defencemen Registration Form

Name (of athlete): _____

Address: _____

Athlete's DOB (Month/Day/Year): _____

Athlete's level & tier of hockey played this year: _____

Gender (circle one): Male Female

Athlete's Jersey Size (circle one): YXL Adult S Adult M Adult L

Parent/Guardian Information #1

Name (of parent/guardian & relationship): _____

Address (leave blank if same as above): _____

Home Phone #: _____ Cell #: _____

E-mail: _____

Please note that the above parent or guardian will be the primary contact unless specified otherwise.

Parent/Guardian Information #2

Name (of parent/guardian & relationship): _____

Address (leave blank if same as above): _____

Home Phone #: _____ Cell #: _____

E-mail: _____



TRANSCEND ATHLETICS INC.

Corp #2019746300

Emergency Contact Information

Name (of other emergency contact & relationship):

Emergency Phone #: _____ Alt. #: _____

Does the athlete have any allergies, special dietary needs, chronic illness or medical conditions? If so, please provide all required details and information in the space below:

\$315.00 (GST included) paid by (circle one): Cash Cheque Credit Card E-Transfer

- There is a 3% administrative fee applicable to all credit card transactions. A link will be sent to the e-mail address you have provided above to prompt your credit card payment. All major credit cards are accepted. All credit card payments are done through Paypal.
- Cheques can be made out to Transcend Athletics Inc.
- E-Transfers can be sent to justin@transcendathletics.ca
- Registration forms can be mailed or dropped off to 166 Willow Street, Sherwood Park, Alberta, T8A1P6
- It is a condition of registration in the camp that the athlete's parent or guardian sign the attached Waiver and Release.

Registration is not complete until payment has been received. Once payment is received there will be no cancellations or refunds granted.

www.transcendathletics.ca

166 Willow Street
Sherwood Park, AB
T8A 1P6



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Corp #2019746300

PARENT/GUARDIAN WAIVER AND RELEASE

Informed Consent and Acknowledgement

I hereby give my approval for the child's participation in any and all activities prepared by Transcend Athletics Inc. during the selected camp. I hereby state that the child is in proper physical condition to participate in the camp and am aware that participation could result in physical injury due to the nature of the activities the child will be participating in during the camp. In particular, I am fully aware that there is a risk of being injured that is inherent in all sports activities. Injuries can include, but are not limited to, fractures, paralysis or even death.

In exchange for the acceptance of the child's registration in the camp by Transcend Athletics Inc., I agree to assume all risk and hazards incidental to the conduct of the activities, and forever release, absolve and hold harmless Transcend Athletic Inc. and all its respective directors, shareholders, officers, employees, contractors, agents, sponsors, representatives and any other organization or person assisting with or helping to facilitate the camp from and against any and all liability, claims, demands, damages, actions or causes of action whatsoever for any losses, damages or injuries suffered by the child arising out of traveling to, participating in or returning from the camp sessions.

Medical Release and Authorization

As the parent and/or guardian of the child, I hereby authorize the diagnosis and treatment by a qualified and licensed medical professional, of the child, in the event of a medical emergency, which in the opinion of the attending medical professional, requires immediate attention in order to prevent further endangerment to the child's life, physical disfigurement, physical impairment, or other undue pain, suffering or discomfort, if delayed.

Permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, x-ray examination and immunizations for the child. In the event of an emergency arising out of serious illness, the need for major surgery, or significant accidental injury, I understand that every attempt will be made by the attending physician to contact me in the most expeditious way possible. This authorization is granted only after a reasonable effort has been made to reach me.

Permission is also granted to Transcend Athletics Inc. and its respective directors, shareholders, officers, employees, contractors, agents, representatives to provide the needed emergency treatment prior to the child's admission to the medical facility.

This release and authorization is effective for all dates upon which the child will be attending the camp. This release and authorization has been executed of my own free will, with the sole purpose of providing the above-noted release of liability and authorizing medical treatment under emergency circumstances, for the protection of life and limb of the child, in my absence.

www.transcendathletics.ca

166 Willow Street
Sherwood Park, AB
T8A 1P6



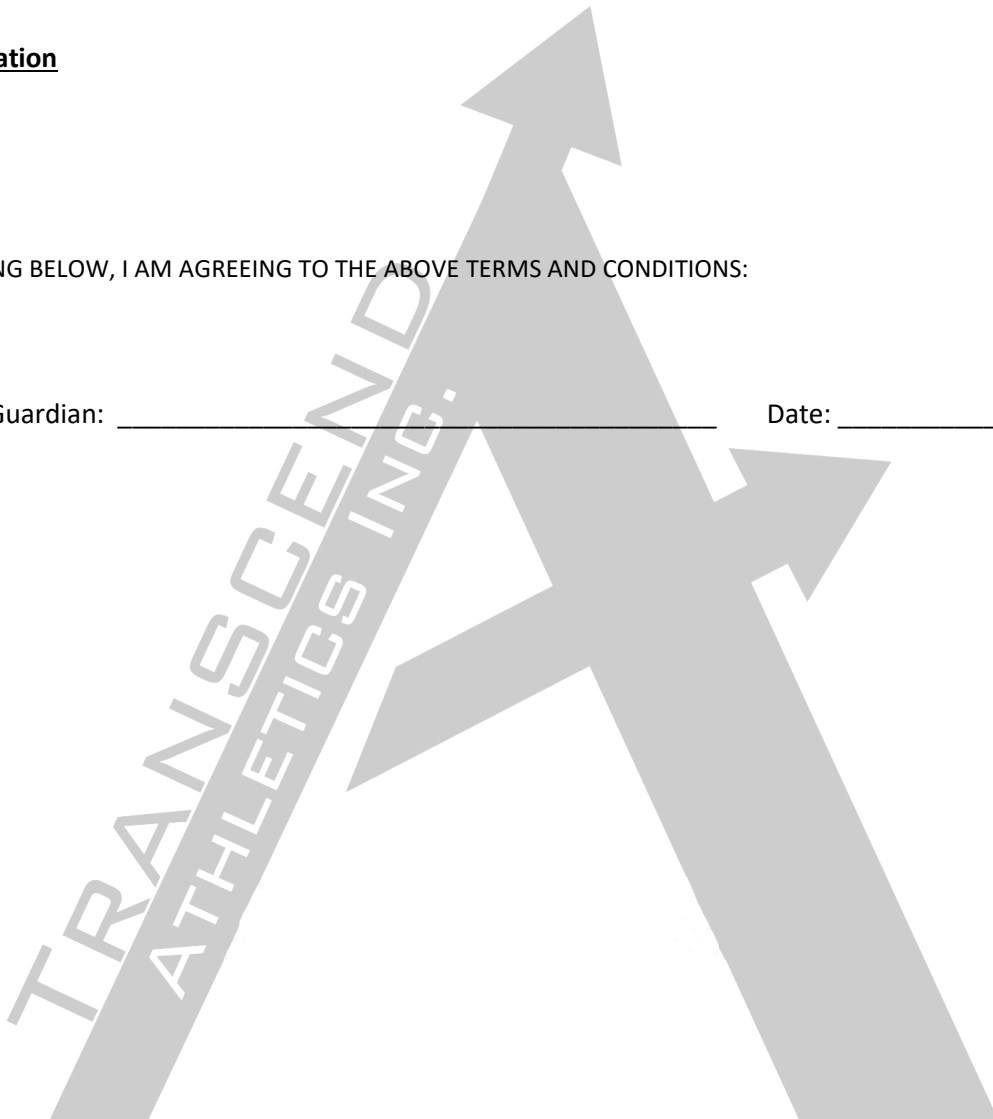
TRANSCEND ATHLETICS INC.

Corp #2019746300

Confirmation

BY SIGNING BELOW, I AM AGREEING TO THE ABOVE TERMS AND CONDITIONS:

Parent/Guardian: _____ Date: _____



www.transcendathletics.ca

166 Willow Street
Sherwood Park, AB
T8A 1P6



TRANSCEND ATHLETICS INC.

Corp #2019746300

Transcend Athletics Permission Agreement

This **Permission Agreement** is made and entered into between:

Transcend Athletics Inc. of

166 Willow Street, Sherwood Park, Alberta T8A 1P6

Email: tim@transcendathletics.ca

Phone: 780-718-7973

-AND-

Parent or Guardian Name _____

Athlete Name _____

Whereby:

Transcend Athletics is released of liability: For good and valuable consideration herein acknowledged as sufficient and received, the athlete's parent or guardian hereby provides permission to license all images and sound recordings of the athlete and to use images and sound recordings of the athlete in any media for any purpose which may include, among others, advertising, promotion, marketing and packaging for any product or service. The athlete's parent or guardian agrees that any images and sound recordings may be combined with other images, text and graphics, cropped, altered and modified.

I, _____ hereby grant permission to Transcend Athletics Inc. to use all pictures and video as mentioned above of (athletes name) _____.

Parent or Guardian Signature _____

Date: _____

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