



TRANSCEND ATHLETICS INC.

Corp #2019746300

2022 Hockey & Golf Development Camp 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): Youth L Youth XL Adult S Adult M Adult L

Athlete's Golf Shirt Size (circle one): Youth L Youth XL Adult S Adult M Adult L

Date of camp requested (circle one): Jul 25 – Jul 29 Aug 8 – Aug 12

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: _____

www.transcendathletics.ca

166 Willow Street
Sherwood Park, AB
T8A 1P6



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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:

\$800 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 emailed to tim@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.

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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.

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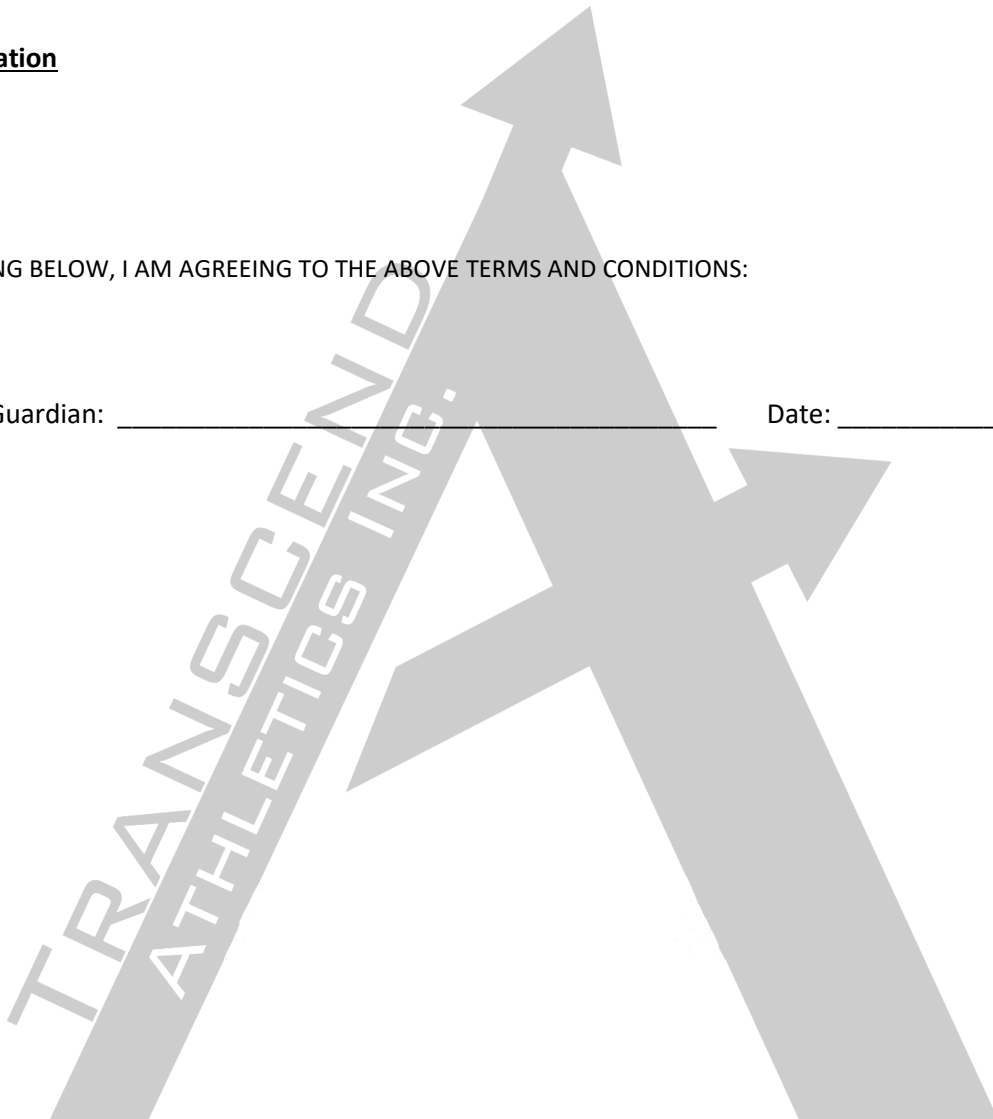
TRANSCEND ATHLETICS INC.

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Confirmation

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

Parent/Guardian: _____ Date: _____



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COVID-19 PANDEMIC PLAYER CONSENT FORM

Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19 The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to person contact. As a result, federal, provincial, and local governments & federal and provincial health agencies recommend social distancing and have, in many locations, prohibited and/or limited the congregation of groups of people. Transcend Athletics has put in place preventative measures to reduce the spread of COVID-19; however, Transcend Athletics cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending Transcend Athletics camps or sports events could increase your risk and your child(ren)'s risk of contracting COVID-19.

I confirm that my child(ren) is/are not presenting any of the following symptoms of COVID-19 listed here: Fever, Shortness of Breath, Loss of Sense of Taste or Smell, Dry Cough, Runny Nose, Sore Throat

Parent or Guardian's Initial: _____

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending this event and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at all sports events may result from the actions, omissions, or negligence of myself and others, including, but not limited to, employees, volunteers, and program participants and their families. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at the event ("Claims"). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless Transcend Athletics, and its respective directors, shareholders, officers, employees, agents, sponsors, representatives, and any other organizations or person assisting with or helping to facilitate the event(s) of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto, whether a COVID-19 infection occurs before, during, or after participation in any program, camp, or sporting event.

Signature of Player (18 years or older) or Parent/Guardian

Print Name of Player(s) _____

Print Name of Parent/Guardian _____

Phone _____ Date _____

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TRANSCEND ATHLETICS INC.

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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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