

Indigenous Sport & Wellness Ontario

Registration Form

2-DAY SPORT CAMP - INTRO TO BASKETBALL

AUGUST 7 -8, 2019

CAMBRIAN COLLEGE, SUDBURY, ON



Participant Info

First Name	Last Name	
Address	Town/City	
Province	Postal Code	
Preffered Gender	Date of Birth (DD/MM/YYYY)	
Email	Cell	
Please Choose What Best Describes Your Ancestry:		Shirt size, please choose:
<input type="checkbox"/> First Nation(s), please list:	<input type="checkbox"/> Status	XS S M L XL
<input type="checkbox"/> Inuit	<input type="checkbox"/> Non-Status	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Métis		-----

Emergency & Alternative Pickup/Release Info

First and Last Name	Emergency Contact? <input type="checkbox"/> YES <input type="checkbox"/> NO
Relationship	Telephone / Cellphone
Email	
First and Last Name	Emergency Contact? <input type="checkbox"/> YES <input type="checkbox"/> NO
Relationship	Telephone / Cellphone
Email	

Parent/Guardian Contact Info

First and Last Name	Relationship
Primary Telephone Number	Alternate Contact Number
Email	
Address	

Medical Release Info

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason? YES NO
If yes, please explain:

Is your child allergic to any type of food or medication? YES NO
If yes, please explain:

Does your child require a special diet? YES NO
If yes, please explain:

Primary Physician:

Primary Physician Address:
Telephone Number:

Participation Consent

I understand that by completing this form I am consenting to the ongoing collection, use and disclosure of my personal information, to the Indigenous Sport & Wellness Ontario during the course of ISWO Programming. I understand that this personal information is collected for the purposes of administering ISWO Programming, and that it will be treated with the appropriate level of confidentiality and privacy. I further understand that this personal information will not be disclosed to third parties outside of ISWO except in emergency situations where it is deemed in our best interest, or in responding to claims against ISWO relating to my participation in these programs. I also understand that images and quotes collected during the ISWO program may be used for future programming and research purposes.

_____ Initial

_____ Date

Media Waiver

I, the undersigned, do hereby consent and agree that Indigenous Sport & Wellness Ontario (ISWO), its employees, or agents have the right to take photographs, videotape, or digital recordings to use these in any and all media, now or hereafter known, and exclusively for the purpose of promotion, exhibition and any other lawful purposes.

I further consent that my identity may be revealed therein or by descriptive text or commentary. I do hereby release to Indigenous Sport & Wellness Ontario, its agents, and employees all rights to exhibit this work in print and electronic form publicly or privately and to market and sell copies. I waive any rights, claims, or interest I may have to control the use of my identity or likeness in whatever media used.

I understand that there will be no financial or other remuneration for photographs or recordings, either for initial or subsequent transmission or playback. I also understand that ISWO is not responsible for any expense or liability incurred as a result of my participation in this recording, including medical expenses due to any sickness or injury incurred as a result.

I hereby give permission to Indigenous Sport & Wellness Ontario to take and use recordings or images of this participant. I have read and understand the foregoing statement, and am competent to execute this agreement.

_____ Initial

_____ Date

