

ABORIGINAL SPORTS CAMP



Ages 15-17

First Name: _____

Last Name: _____

Gender: M / F

Address: _____

Community: _____ **Postal Code:** _____

Birthday: ____/____/____
 Day Month Year

Health Care Number: _____

Allergies: _____ **Special Dietary Needs:** _____

In case of Emergency: Name: _____ **Relationship:** _____
Phone: _____

Waiver: 1) " I hereby give my child permission to participate in this sports camp and I agree to waive and forever release and discharge the Aboriginal Sports Circle and the Mi'kmaq Confederacy of PEI, its officers, directors and employees, from any and all liability relating to any and all illness, damage or injuries that may occur during the camp and/or during transportation to and from the camp'.

2) I further give my permission for the use of any photo or likeness of my child to be used by the PEI Aboriginal Sports Circle in promotional materials and social media.

I have read and understood the waiver and give consent for my child to take part in the Aboriginal Sports Camp.

Transportation: If transportation is required, please check one of following:

Pick up at: Lennox Island Health Centre Charlottetown Mall

Parent / Guardian: _____

(Signature)

 Name (Please print)

If you have any questions, please contact **Craig MacDougall at (902) 438-2113.**

