

VANCOUVER ACES BASKETBALL

530 East 41st Avenue, Vancouver, BC V5W 1P3

Telephone: 604.713.8938

Email: vancouveracesbbballclub@gmail.com

Web Page: vancouveraces.com

Athlete Commitment, Medical & Parent/Guardian Consent Form

To the Parent(s)/Guardian(s) of: _____

The purpose of this form is to affirm your support and permission for your child to participate in the **VSSAA Vancouver ACES Basketball Program**. Please return this form prior to your child participating.

PROGRAM/ACTIVITY INFORMATION

ACTIVITY/EVENT: FALL 2019 DEVELOPMENT SESSIONS FALL 2019 COOMPETITIVE TEAM SESSIONS

DATE(S)& TIME(S): SATURDAYS 10:00A-12:00P // GAME TIMES TBA

LOCATION OF ACTIVITIES TO BE UNDERTAKEN: MAIN GYMS - JOHN OLIVER SECONDARY; GAME SITES - TBA

PROGRAM SUPERVISORS: PAT LEE (VSB); HARP SOHI (VSSAA); REX TO; GREG ENG; TIFFANI MARTINEZ; REYLYN LABRADOR

PARTICIPANT FEE*: \$10- DEVELOPMENT SESSIONS ONLY; \$20 – COMPETITIVE TEAM SESSION

***PLEASE CHECK OFF ONE OF THE FOLLOWING FOR PAYMENT:**

PAYMENT IN FULL GRANT APPLICATION (please submit along with this form – please refer to the program website for applications)

Actual estimated cost per player is valued to be over \$300 based on facilities, uniforms, staffing and equipment; however, with donations, sponsorship, program and individual grant supports, we aim to minimize or if needed waive fees. The program philosophy is to remove financial barriers and improve access for local area youth to participate in quality developmental and competitive sport opportunities.

WHAT TO BRING: ATHLETIC ACTIVE WEAR AND SHOES, WATER BOTTLE

BEHAVIOUR EXPECTATIONS: All VSB & school site rules are in effect during program activities.

SCHOOL SITE RESPONSIBILITIES

The school site will make every reasonable effort to ensure or ascertain that:

a) The staff, volunteers and/or service providers involved are suitably trained and qualified; **b)** the student participants are adequately supervised over all aspects of the program/activity; **c)** the location(s) used are appropriate and safe for the activity(ies) and group; **d)** a Safety Plan is in place to identify and manage known potential risks; **e)** an Emergency Plan is in place to deal with an injury or illness to any of the students.

POTENTIAL KNOWN RISKS AND SPECIAL SAFETY INFORMATION

The purpose of this section is to detail and reinforce with parents all potential known risks of participation to ensure parents/guardians are providing informed consent. There are inherent risks in participating in athletic development and competition activities; proper footwear and attire is required to be worn by participants, and proper, respectful and positive conduct and behaviour is expected at all times.

PARENT/GUARDIAN CONSENT & ACKNOWLEDGEMENT OF RISK, EXPECTATIONS & RESPONSIBILITY

While program staff will take reasonable steps to prevent injuries to students, some degree of risk is inherent in the nature of this activity, and may occur without fault on the part of the student, school board, program, its employees or agents, or the facility where the activity is taking place. By allowing your child to participate in this activity, you are agreeing that the activity described above is suitable for your child, and that there is a potential risk of injury associated with the activity.

- **My child has been/will be informed that he/she is to abide by the rules and regulations, including directions and instructions from the administrators, instructors, and supervisors over all phases of the program/activity; In the event my child fails to abide by these rules and regulations, disciplinary action may require his/her exclusion from further participation or that I be contacted to have him/her picked up, unless I have specified other transport arrangements.**
- **I agree and give my permission for Vancouver Aces Basketball Club to the recording and/or photographing of myself/my child for usage in skill and game analysis, as well as promotion/publicity for the program; any personal identification or further information beyond the digital imaging will require additional consent.**
- **I further agree to indemnify and hold harmless the location of the program, as well as VSSAA Aces Basketball Program and its staff and/or representatives from any and all liability, damage, or expense arising out of my child's participation.**
- **In the event that I cannot be reached in an emergency, I hereby give permission to a VSSAA Aces Basketball Program Supervisor, an emergency medical technician, a physician or staff member at a hospital, or any other qualified individual to administer care and provide any medical treatment deemed necessary for the immediate health and safety of my child.**
- **I acknowledge that the program supervisors may secure transport to emergency medical services as they deem necessary for my child's immediate health and safety, and that I shall be financially responsible for such services.**
- **I consent to and assume all risks and hazards of and incidental to the participation of the above named child in the activities of VSSAA Aces Basketball Program.**
- **I understand and consent to my child participating in volunteer activities associated with the program's goals of giving back to the community, which may include mentorship, service, event management, and similar opportunities.**

I, _____ (name of parent/guardian) give permission for _____ (name of student) to participate in the activity described above, and understand and accept the conditions, expectations and responsibilities as outlined above.

Date: _____ Name of Parent/Guardian (Please print): _____ Signature: _____

Date: _____ Name of Student (Please print): _____ Signature: _____

Parent/Guardian Contact Numbers: Day _____ Evening _____ Cell _____

NOTE: Efforts to minimize costs have been made to support student participation; costs include Basketball BC Membership and any necessary equipment. In accordance with the philosophy of VSSAA Vancouver Aces Basketball Program, no student shall be denied an opportunity to participate because of an inability to pay fees. Please contact one of the Program Supervisors if there is financial need, whether in whole or in part.

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MEDICAL INFORMATION

The following information will be helpful in your child's experience with regard to health and safety.

(Please print carefully and legibly)

Student Name: _____ Birth Date: _____ Email: _____

Grade: _____ School (currently attending): _____

Address: _____

BC Medical Services Plan Personal Health No.: _____ Basketball BC Membership?: Yes - # _____
 No

Allergies (e.g., specific drugs, certain foods, insect stings, hay fever) Specify:

Reaction(s) to above? _____

Carries Epi pen? Yes No Inhaler? Yes No Medical Alert Bracelet? Yes No

Date of last Tetanus shot: _____

Medical/physical conditions that may affect participation in the stated program/activity (e.g., recent illness or injury, recent hospitalization or surgery, chronic conditions, phobias, etc.). Be specific:

Prescribed medication(s) taken at this time (name, reason, dosage, storage, potential side effects/treatment of such):

Other Health/Medical/Dietary Concerns/restrictions:

Emergency Contacts:

1) _____ Phone: (H) _____ (W) _____ (C) _____

2) _____ Phone: (H) _____ (W) _____ (C) _____

Name of Family Physician _____ Phone # _____

ACKNOWLEDGEMENT OF CONSENT

Parent/Guardian who is filling completing this form: _____

Should it become necessary for my child to have medical care, I hereby give the program supervisor permission to use his/her best judgment in obtaining the best of such service for my child. I understand that any cost will be my responsibility. I also understand that in the event of illness or accident, I will be notified as soon as possible via the emergency contact information listed above.

Name (please print) _____ Signature _____