



# INGLEWOOD CHRISTIAN REFORMED CHURCH

12330 113 AVENUE EDMONTON, ALBERTA T5N 1G4 • PH 780.455.1066 • WEB [www.inglewoodcrc.org](http://www.inglewoodcrc.org)

## INGLEWOOD CR CHURCH & ATHLETES IN ACTION - SOCCER CAMP - August 8-12, 2022

PARTICIPANT NAME: \_\_\_\_\_  
FIRST MIDDLE LAST

ADDRESS: \_\_\_\_\_  
STREET CITY PROV. POSTAL CODE

ALBERTA HEALTH CARD: \_\_\_\_\_ ALLERGIES / MEDICATIONS: \_\_\_\_\_

GENDER: MALE \_\_\_\_\_ FEMALE \_\_\_\_\_ AGE: \_\_\_\_\_ SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_

### PARENT INFORMATION of PARTICIPANTS

PARENT / GUARDIAN NAME: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

### EMERGENCY MEDICAL RELEASE & RETREAT PARTICIPANT AGREEMENT

- I/we hereby give permission for my/our child, who is a minor, to attend INGLEWOOD CHRISTIAN REFORMED CHURCH & ATHLETES IN ACTION (NOW SOCCER CAMP) SOCCER CAMP program and to fully participate in the activities offered for his or her age group. In the event of an emergency or sickness, I/we authorize SOCCER CAMP to secure medical treatment for my/our child, to be administered by authorized agents or agencies, as designated by SOCCER CAMP.
- I/we authorize SOCCER CAMP to administer those medications to my/our child which are indicated on the medication field on the front side of this form according to the prescribed directions for each. If spaces are left blank, SOCCER CAMP WILL NOT dispense that particular medication unless a physician or parent/guardian is contacted for approval.
- I / we agree to allow SOCCER CAMP to use any photographic image or video taken of the named participant for promotional / marketing purposes. For safety there will be no names or information given about the participants or groups in the photos.  YES  NO (Please Check One)
- I / we understand every student is to have their own medical insurance plan and the SOCCER CAMP is not responsible to provide medical insurance or payment for medical attention while attending the SOCCER CAMP and that any funds dispensed for a participant will be reimbursed by the parents by the end of camp.
- I/we agree to waive and release ICRC and Athletes in Action, its employees and volunteers from any claim or cause of action that might arise on behalf of myself/ourselves or my/our child as a result of his or her participation in this event. Furthermore, I/we agree to assume all responsibility for my/our child's actions, including, but not limited to, the cost of repair or replacement for items Payment can be made by cash at the church, via cheque at the church or via e-transfer to [treasurer@inglewoodcrc.org](mailto:treasurer@inglewoodcrc.org). Please call the church at 780 455-1066 or visit [inglewoodcrc.org](http://inglewoodcrc.org) and follow the soccer camp link for more details.or to the conclusion of this event, by discretion of the SOCCER CAMP volunteers.

By signing below, I \_\_\_\_\_ agree and consent to all above stated.

NAME OF PARENT or LEGAL GUARDIAN: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

By signing below, I \_\_\_\_\_ agree and consent to all above stated.

NAME OF PARENT or LEGAL GUARDIAN: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PAID: \_\_\_\_\_

Payment can be made by cash at the church, by cheque at the church or via e-Transfer to [treasurer@inglewoodcrc.org](mailto:treasurer@inglewoodcrc.org). Please call the church at 780-455-1066 or visit [inglewoodcrc.org](http://inglewoodcrc.org) and follow the soccer camp link for more details.

Completed forms can emailed to [admin@inglewoodcrc.org](mailto:admin@inglewoodcrc.org) and can be signed the first day of camp.