

# 2017 SOUTHERN ALBERTA SUMMER GAMES

July 5 – 8, 2017 City of Brooks and the County of Newell



## Registration Form Cardston County

**REGISTRATION DEADLINE  
IS MONDAY MAY 29, 2017  
NO LATE ENTRIES ACCEPTED!**

All participants, including coaches and managers, are required to submit a registration form including the signed waiver form located on the reverse, before participating in the 2017 Southern Alberta Summer Games. A **registration fee of \$25.00** must accompany this form before it will be processed. Coaches and Managers (unless participating in a sport) are exempt from this fee. \*An additional fee may apply for particular sports that require affiliation with specific organizations or associations. These additional fees apply to the following sports for 2017: Trapshooting, Bowling, Golf and Strength and Conditioning.

### PARTICIPANT CONTACT INFORMATION

First Name:		Last Name:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
				Age:	
T-Shirt Size (circle): Children: S M L XL		Adult: S M L XL XXL		Date of Birth:	
Region: <b>Cardston County</b>		Address:		Postal Code:	
City/Town:	(Cell): (Home):	(Work):	Primary Email Contact: <i>Email is our primary method of contact</i>		
<b>MEDICAL INFORMATION</b>		Do you have a pre-existing medical condition/allergy of which we should be made aware? If so, please list:			
<b>EMERGENCY INFORMATION</b>		<b>Contact 1</b>		<b>Contact 2</b>	
Name:					
Relationship to participant:					
Phone (best during Games):					
Email:					

### SPORT REGISTRATION INFORMATION

Sport (3 maximum) Please enter sports you will participate in. eg. Badminton, Athletics, Soccer	Event Some sports like Athletics (Track & Field) have a number of events high jump, discus, etc. Please indicate the events you will participate in.	Category/ Age Group ie: U14, Pee Wee, Midget	Team Name (optional) Team sports enter "Team" name.
<i>IE: Badminton</i>	<i>Boys Singles &amp; Doubles</i>	<i>U16</i>	<i>Team Canada</i>
Please Check one: <input type="checkbox"/> Athlete/Participant <input type="checkbox"/> Coach/Manager			

Please sign the consent waiver (located of the back of this form). Without it you cannot participate.

**Registration Deadline: Monday May 29, 2017**

**Please submit completed form, along with registration fee to:**

Cardston County Office 1050 Main Street **OR** Magrath Town Office @ 55 S 1<sup>st</sup> St. West **OR** Cardston County Regional Director: Jessica Leighton, 546 7<sup>th</sup> St. West, Cardston, 403-659-5087 / 403-915-6658

**Payments Accepted:** Cash / Debit / Credit Card / Cheques payable to Cardston County

Check [www.southernalbertasummernames.com](http://www.southernalbertasummernames.com) for full details/schedule updates

**2017 Southern Alberta Summer Games  
INFORMED CONSENT AGREEMENT**

**COMPLETE ONE FORM FOR EACH PARTICIPANT, ATHLETE AND COACH!**

**RISK:** I, the undersigned understand and acknowledge that participation in the 2017 Southern Alberta Summer Games, and/or playoffs might result in personal injury, property damage or loss, and possible death. I fully understand these risks and hereby agree to participate in the 2017 Southern Alberta Games and/or playoffs voluntarily at my own risk. I further state that I am in proper physical condition to participate in these Games.

**RULES:** I understand that the rules and regulations are designed for the safety and protection of participants and hereby agree to abide by the rules and regulations set down by the 2017 Southern Alberta Summer Games Committee and Provincial Sport Associations.

**LIABILITY:** In consideration of acceptance of my participation in the 2017 Southern Alberta Summer Games and/or playoffs, I agree that the City of Brooks and the County of Newell, the Southern Alberta Recreation Association (S.A.R.A.), their volunteers, sponsors, employees or agents shall not be liable for any personal injury (including death), property damage, or loss arising from or in any way resulting from, my participation. In addition, permission is granted to administer any medical treatment that may be required.

**MEDIA RELEASE:** I give my permission for the free use of my name and picture in broadcast, telecast or written accounts of the 2017 Southern Alberta Summer Games.

**PLEASE COMPLETE THE APPROPRIATE SECTION!**

**Under the age of 18** (Please check if applicable.)

**Release for Treatment of a Minor:** In the event that no one can be contacted, the 2017 Southern Alberta Summer Games will take my child to the hospital/M.D. if deemed necessary. I hereby authorize the physician and nursing staff to undertake examination, investigation and necessary treatment of my child.

**Release of Information:** I also authorize the release of medical information to appropriate people (coach, physician, 2017 Southern Alberta Games Medical Team, including EMS and doctors) as deemed necessary by the 2017 Southern Alberta Summer Games Medical Team.

**I, as the parent/guardian of the participant named herein, agree to assume full responsibility to instruct my child of the risks involved, and to inform him/her of the risks involved, and to inform him/her of the importance of abiding by the rules, regulations and Code of Conduct for the Southern Alberta Summer Games. I, as the parent/guardian of the participant named herein, have read, understood and agree to the contents of this Informed Consent in its entirety.**

Signed this \_\_\_\_\_ day of \_\_\_\_\_ 2017.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Print name of Parent / Guardian

**Of the full age of 18 years** (Please check if applicable.)

**Release of Information:** I also authorize the release of medical information to appropriate people (coach, physician, 2017 Southern Alberta Games Medical Team, including EMS and doctors) as deemed necessary by the 2017 Southern Alberta Summer Games Medical Team.

**I agree to assume full responsibility of the risks involved, and the importance of abiding by the rules, regulations and Code of Conduct for the 2017 Southern Alberta Summer Games. I have read, understood and agree to the contents of this Informed Consent in its entirety.**

Signed this \_\_\_\_\_ day of \_\_\_\_\_ 2017.

Signature of Athlete \_\_\_\_\_ Print Name of Athlete \_\_\_\_\_