

York Sports Academy Registration Form



1 - PARENT/GUARDIAN INFORMATION

First Name

Last Name

Phone Number

Full Address

Area of Residence

Email

Number of children/student-athletes you are registering?

Feedback

How did you hear about York Sports Academy?

Friends of family

Magazines

General internet search

Website advertisement

Social media

Expo information booth

Information session

York Sports Academy website

Outdoor advertisement

Sports tournaments/Championships

Sports clubs/organizations

Other

Do you wish to be notified by email of York Sports Academy News, Announcement Updates, Events, and Programs in the future?

YES

NO

2 - EMERGENCY CONTACT INFORMATION

First Name
 Last Name
 Relationship to Child/Student-Athlete
 Phone Number
 Email
 Area of Residence

3 - CHILD/STUDENT-ATHLETE GENERAL INFORMATION

First Name
 Last Name
 Gender
 Age
 Grade

T-Shirt Size	Children Sizes:	S	M	L	XL
	Youth Sizes:	S	M	L	XL
	Adult Sizes:	S	M	L	XL
Short Size	Children Sizes:	S	M	L	XL
	Youth Sizes:	S	M	L	XL
	Adult Sizes:	S	M	L	XL

School [current school or will be attending]

Please indicate your preference by checking the box or boxes below

For our summer program, weekly or monthly registration is accepted. However, we strongly remind and recommend parents/guardians that full summer program participation to York Sports Academy is the best cost saving option. Full summer enrollment also will assist your child to fully discover his/her athletic potentials and sports of choice, along with the disciplines of:

- Martial Arts and Self-Defense
- Basketball
- Track and Field
- Football
- Soccer

York Sports Academy summer programs focus on discovering and exploring multiple sports, which are otherwise extremely difficult for children and youth to participate into due academic scheduling. It is the best options for children, youth and student-athletes to experience new sports, advance their athletics IQ, test their abilities, agilities while acquire new one.

York Sports Academy summer calendar, with costs, is as follows:

Weekly Fees		Summer Monthly Fees Special	
Camp 1 [July 3 – 6]	\$299.00	Camp 1 – Camp 5	\$999.00
Camp 2 [July 9 – 13]	\$299.00	Camp 6 – Camp 9	\$999.00
Camp 3 [July 16 – 20]	\$299.00		
Camp 4 [July 23 – 27]	\$299.00		
Camp 5 [July 30 - Aug. 3]	\$299.00		
Camp 6 [Aug. 7 – 10]	\$320.00		
Camp 7 [Aug. 13 – 17]	\$320.00		
Camp 8* [Aug. 20 – 24]	\$320.00		
Camp 9** [Aug. 27 – 31]	\$320.00		

NOTE*: No Programs on Monday August 20 and Tuesday August 21.

NOTE:** Friday August 31st, 2018 from 6:00 PM – 8:00 PM York Sports Academy Awards Presentation and Ceremony. Parents and Guardian are expected to attend.

HEALTH INFORMATION

Does your child/student-athlete have any allergies, medical concerns, conditions, medications, or dietary restrictions that we should be aware of?

YES NO

Does your child/student-athlete have any disabilities, behavioural concerns, or require extra attention/support that we should be aware of?

YES NO

Does your child/student-athlete carry:

An EpiPen? YES NO

Could it be administered by your Child? YES NO

An Asthma Inhaler? YES NO

Could it be administered by your Child? YES NO

Insulin? YES NO

Could it be administered by your Child? YES NO

ADMINISTERING MEDICATION

Do you give permission to York Sports Academy staff to administer medication to your child/student/athlete in case of life threatening situation/emergency ONLY, and subject to your waiver and release York Sports Academy and its staff from any actions, claims, liabilities and costs that may arise from such staff administration of medication?

YES NO

SELF SIGN-IN UPON ARRIVAL

Select the segment you agree with below. By checking the box below, you are providing your **official consent** to the manner York Sports Academy welcomes receives your child/student athlete to the program at the beginning of each day.

My child/student/athlete is allowed to sign himself/herself in at the beginning of each day

My child/student/athlete must ALWAYS be in the company of parent/guardian or authorized person(s) indicated.

Name of Authorized Person(s):

Phone Number:

SELF SIGN-OUT AT THE END OF DAY

Select the segment you agree with below. By checking the box below, you are providing your **official consent** to the manner York Sports Academy releases your child/student athlete at the end of each day.

My child/student/athlete is allowed to sign himself/herself out at the end of each day

My child/student/athlete is ONLY allowed to leave York Sports Academy training premises with the parent/guardian or authorized person(s) indicated

Name of Authorized Person(s):

Phone Number:

PLEASE READ AND CONFIRM THAT YOU HAVE READ THE FOLLOWING IMPORTANT INFORMATION.

I am aware that I am responsible for contacting York Sports Academy by 8:30 on the day that my child/student-athlete will be absent from or late for that day. I am also responsible for contacting York Sports Academy if my child/student-athlete will be leaving early.

Please indicate your acceptance of this rule by checking the box.

I am aware that if a different person is to pick up my child/student athlete on any given program day, I must notify York Sports Academy. Otherwise, my child/student-athlete will not be released by York Sports Academy staff until I gave my verbal or emailed notice. My child/student-athlete will only be released from York Sports Academy to authorized individuals with government-issued photo ID. **Government-issued photo ID** is required by authorized individuals, and will need to be presented to York Sports Academy staff.

Please indicate that you are aware of this rule by checking the box.

4 – WAIVER AND RELEASE

In consideration of York Sports Academy authorizing my child (the “Student-athlete”) to participate in a York Sports Academy sports and athletic training programs and/or summer camp, I, the parent or legal guardian of the Participant, agree to and acknowledge the following:

1. I assume in respect of the Student-athlete’s participation in the sports and athletic training programs (the “Sports Training Programs”) risks to the Student-athlete and to third parties resulting, directly or indirectly, from acts or omissions of the Student-athlete in relation to the Sports Training Programs. Such risks include, but are not limited to, damage to or loss of property, bodily injury or death.
2. Except as I have stated in York Sports Academy Child/Student-Athlete Information and Waiver Form, the Student-athlete does not have any behavioral, physical (including major allergies) or mental health conditions

that could affect his or her ability to participate in the Sports Training Programs, or that would involve health or safety risks to other participants, the public, any third party or the Student-athlete. If any such conditions exist, I waive any claims against the Releasees (defined in Section 9 below) arising in respect of such conditions. To the extent I or York Sports Academy determines any such behavioral, physical or health conditions of the Student-athlete warrant it, then I will retain, at my cost, an attendant, caregiver or support person to accompany the Student-athlete at all times during the Sports Training Programs, including during breaks in the Activities. I will notify York Sports Academy of the name of the Caregiver prior to the Sports Training Programs commencing.

3. I confirm and warrant to York Sports Academy that I have disclosed in the Child/Student-Athlete Form all accurate and complete information requested related to the Student-athlete, including as to his/her age, school grade and any behavioral, physical or mental health conditions. I understand that York Sports Academy may rely upon such information and I confirm that such information is accurate and complete. I understand that failure by me to disclose necessary or relevant information related to the Student-athlete, including as to any such behavioral, physical or mental conditions, may result in immediate withdrawal of the Student-athlete from the Activity by York Sports Academy.
4. I also confirm and warrant to York Sports Academy that to the extent that the Student-athlete is taking medications (“Medications”):
 - the Student-athlete’s Caregiver (or, if there is no accompanying Caregiver, then the Participant) is able to and will administer those Medications; and
 - I have attached to this form a physician’s letter instructing as to use of the Medications prescribed to the Student-athlete.
 - In a medical emergency involving the Student-athlete, I agree that York Sports Academy staff may administer the Medications to the Student-athlete in compliance with the physician’s instruction letter, provided the Medications are in pill form and/or are an asthma inhaler and/ or EpiPen. If they deem it to be appropriate in an emergency, York Sports Academy staff also may administer CPR to the Student-athlete and/or contact emergency health (911 Services).

- I acknowledge that York Sports Academy staff are not medically licensed or trained. If the Student-athlete is accompanied by a Caregiver, then I confirm that the Caregiver is primarily responsible for handling the Medications and also will coordinate with York Sports Academy in an emergency.
5. The Student-athlete's participation in each part of the Sports Training Programs is mandatory and I or the Student-athlete (or the Caregiver) may choose not to have the Student-athlete participate in any particular part(s) of the Sports Training Programs by giving prior notice to the York Sports Academy Sports. In such event, I acknowledge that York Sports Academy SAIT may or may not be able to provide alternate activities for the Student-athlete.
 6. If the Student-athlete leaves the location at which the Sports Training Programs are being conducted without the prior consent of York Sports Academy, such departure and any liabilities, losses or costs that result are at my sole risk and, additionally, York Sports Academy may refuse to register the Participant in future York Sports Academy Sports Training Programs.
 7. I have read and agree to York Sports Academy SAIT's Sports Training Programs policies and rules contained in the York Sports Academy Website Policies and Procedures (the "Rules"). I am responsible for complying with and ensuring the Student-athlete is aware of and complies with the Rules.
 8. I acknowledge that from time to time York Sports Academy personnel, third parties or the media, in each case as authorized by York Sports Academy, may take photographs or videos of the Sports Training Programs that include the Student-athlete in the photographs or videos. I consent to the taking of any such photographs and/or videos and the use and display by York Sports Academy of such videos in regard to the promotion of the Sports Training Programs and any reasonable and directly related use, provided the Student-athlete shall not be identified by York Sports Academy by his/her full name. I understand that York Sports academy has no control of any such photographs or videos when they are in the public domain.
 9. I waive and release, on my own behalf and on behalf of the Student-athlete, York Sports Academy, its governors, officers, employees, agents, consultants and volunteers and York Sports Academy coaches, trainers and personnel (all of whom are collectively referred to as the "Releasees")

from all actions, claims, demands, damages, liabilities, losses, costs and expenses whatsoever arising or that may arise, directly or indirectly, from or in relation to participation by the Student-athlete in the Sports Training Programs and including, without limitation, in respect of withdrawal by York Sports Academy of the Student-athlete from the Activity as set forth in Sections 3 and 10, departure of the Student-athlete from the Sports Training Programs without York Sports Academy staff consent pursuant to Section 6 and any matters arising in respect of the Student-athlete's behavioral, physical or mental conditions, including during a medical emergency.

10. I confirm that failure to provide a signed copy of this Form to York Sports Academy at least two weeks before the Sports Training Programs commences may result in York Sports Academy, in its sole discretion, immediately withdrawing the Student-athlete from the Sports Training Programs. In such event, none of the Releasees, including York Sports Academy, shall be liable for any such withdrawal or the costs of withdrawal.
11. If York Sports Academy determines, at its sole discretion, that the Student-athlete's involvement in the Sports Training Programs is or is reasonably likely to be disruptive or detrimental to any other student-athletes, the public, or any other third party, then York Sports Academy may immediately withdraw the Student-athlete from the Activity. In such event, none of the Releasees, including York Sports Academy, shall be liable for such withdrawal or the costs of withdrawal.
12. I am aware that no refunds of Sports Training Programs fees will be provided by York Sports Academy, except in accordance with the Rules.
13. I have read and fully understand the foregoing terms and conditions and:
(a) confirm that I am entering into this document freely, voluntarily and of my own accord without duress; and (b) this document binds me, my heirs and legal representatives.

By signing below, Parent/Guardian agrees to and acknowledges the above Waiver and Release provisions.

Parent/Guardian Name

Parent/Guardian initials

Child/Student-Athlete Name

Date

Freedom of Information and Protection of Privacy Act (FOIP)

The personal information recorded on this form is being collected under the authority of section 33(c) of the Freedom of Information and Protection of Privacy Act. This information will be used for registration, attendance and research purposes only. Section D will be used for marketing and promotional purposes. The information collected is protected under the privacy provisions of the *Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection and use of this personal information, please contact York Sports Academy.

5 - PAYMENT

Payments are accepted by e-Transfer or Cheques ONLY. Please select your method of payment

e-Transfer

Cheque

York Sports Academy is set up to receive e-Transfer from Canadian financial institutions, meaning no password is required for York Sports Academy to receive payment from registrants. **You must note your child's name and the purpose of the funds in the memo section of the e-Transfer.**

PAYMENT INSTRUCTIONS (e-Transfer)

Instructions for first time payment may vary slightly between financial institutions:

1. Select your financial institution
2. Login to online banking and select the option to Interac e-Transfer or Make a Payment
3. Input York Sports Academy as the recipient
4. Enter ar@yorksports.academy as the recipient/account email address.
5. Enter the amount of your payment and note your child's name and the purpose of the funds in the message box (i.e. York Sports Academy 2018 Summer Program Payment for [Your child's name]).