



<b>Office Use Only:</b>	
Receipt #:	_____
Date Received:	_____
Staff Initials:	_____

## SOUTH PORCUPINE SOCCER, T-BALL/BASEBALL CLINIC REGISTRATION FORM

**Program Registration for:**

Soccer       2014 Group    2013 Group    2012 Group    2011 & 2010 Group

T-Ball / Baseball    **Must be born between 2007 to 2011**

**Participant Information**

Last Name	First Name	Date of Birth (D/M/Y)
Mailing Address	City	Postal Code
Home Phone Number	Cell Phone Number	Shirt Size

**Parent / Guardian Information**

Mother / Guardian Name	Cell Phone Number
Father / Guardian Name	Cell Phone Number

**Emergency Contacts**

Contact #1	Relation to Participant	Phone Number
Contact #2	Relation to Participant	Phone Number

**Participant Specific Information**

Does the participant have any allergies?  Yes  No    If Yes, Please indicate: \_\_\_\_\_

Does your child carry an EPI- Pen?  Yes  No    (It will be the parent/guardians responsibility to carry it)

Does your child carry a puffer?  Yes  No (It will be the parent / guardians responsibility to carry it)

**Consent to Participate:**

I give consent for \_\_\_\_\_ to participate in the South Porcupine Soccer & T-Ball / Baseball Clinic. I understand that participants / parents & guardians are responsible for their behaviour at all times and that each participant must be accompanied by an adult 18 years of age or older at all times. I hereby release the YMCA of Timmins, its agents, employees, directors, partners and assigns from any and all damages, liability, or costs resulting from participating in all non-organized activities or South Porcupine Soccer & T-ball / Baseball Clinic related activities howsoever caused while attending said event.

Signature of Parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Emergency Medical Consent**

I, \_\_\_\_\_ give permission to the Timmins Family YMCA to use whatever emergency measures are judged necessary for the care and protection of my child, \_\_\_\_\_ while under their supervision. In case of medical emergency, I understand that my child will be transported to an appropriate facility by the local emergency unit for the treatment if the local emergency resource deemed necessary. It is understood that in some medical situations, the staff will need to contact the local emergency medical system before the parent or guardian acting on the parents behalf. Any expenses occurring in the case of such emergency will be the responsibility of the parent / guardian. The Timmins Family YMCA will not be responsible for anything that may happen as a result of false information given at the time of enrolment.

Signature of Parent / Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Disclaimer**

Upon registration to any YMCA of Timmins program, I, \_\_\_\_\_ waive any claims to which myself may become entitled for injury or damage and release the YMCA of Timmins, the instructors, volunteers, and referees and all other organizers, sponsors, representatives, their agents, and employees or organization housing the program from any claims for damages or injury suffered by myself or child as a result of my participation in or traveling to or from their program, The YMCA of Timmins is not responsible for Lost or Stolen Articles.

Signature of Parent / Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Additional Information**

I am looking to help volunteer for the South Porcupine Soccer and T-Ball / Baseball Clinics. Yes No

I am aware that I am responsible for providing my child with a soccer ball or baseball glove to participate in this clinic.

Parent/Guardian Initials: \_\_\_\_\_

# Email Consent Form

## (Note without consent you will miss out on information)

The YMCA of Timmins values the feedback our customers give us on a daily basis. We have agreed to join the YMCA National Database coming fall 2017. The database will allow our clients to register for any program offered by the YMCA of Timmins electronically. Clients have also expressed their desire for electronic communication about important reminders and notices from the YMCA of Timmins. The YMCA of Timmins has purchased the Constant Contact software program to keep clients up to date of important information.

Information that may be sent through this email service:

- Cancellation Notices
- Emergency announcements (ie. Emergency shelter information, fire drills, water main breaks, etc.)
- Announcements of important registration dates
- Newsletters
- Information about new programs

As a valued client and friend, the YMCA of Timmins requests your consent to allow us to send you important information and announcements mentioned above from our organization. Your consent is required to comply with the new Anti-Spam Legislation (CASL).

Please complete the form and check off the "I consent" box below. You may change your mind and unsubscribe at any time.

For more information on Canada's anti-spam law, visit the Government of Canada's site (<http://fightspam.gc.ca/eic/site/030.nsf/eng/home>).

### YMCA Privacy Commitment

The YMCA of Timmins is committed to protecting information by following responsible information handling practices, in keeping with privacy laws. We collect and use personal data in order to better meet your service needs, to ensure the safety of children in our care, for statistical purposes, to inform you about the YMCA program or service in which you are registered, and to satisfy government and regulatory obligations. You may also hear from us periodically about other YMCA programs, services and opportunities that may interest and benefit you. [www.timminsymca.org](http://www.timminsymca.org)

If you have questions regarding your subscription status or wish to update contact information, please contact Lesley Barry at [lesley.barry@timmins.ymca.ca](mailto:lesley.barry@timmins.ymca.ca)

Email Address: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

I confirm my consent to receive electronic communications from YMCA of Timmins

Signature: \_\_\_\_\_

## Photo & Video

### Consent, Assignment & Release Form

**PURPOSES:** For marketing, advertising, promotional and/or communication purposes, the YMCA may, from time to time, take photographs and/or video recordings of YMCA based activities or events that include real people, which photographs and video recordings will be placed in the YMCA National Photo Bank and which may be used by the YMCA in Canada and elsewhere in the world, for its own informational, promotional or advertising purposes, and by any other person authorized by YMCA (an “**Authorized Third Party**”) to use such photos or video recordings, in any part of the world, in connection with such Authorized Third Party’s support for, association with, or arrangements with, YMCA (collectively, the “**Purposes**”). For purposes of this Form, “YMCA” refers to YMCAs and YMCA-YWCAs in Canada or elsewhere in the world (as part of the World Alliance of YMCAs) and to YMCA Canada, and the World Alliance of YMCAs.

**By signing this Form, you are consenting to the taking of photographs and/or video recordings of you by the YMCA for the Purposes, you are assigning to the YMCA, and waiving any rights you have related to, any such photographs and/or video recordings, and you are consenting to the use of any such photographs and/or video recordings, in whole or in part, by the YMCA and any Authorized Third Party for the Purposes.**

For valuable consideration received but without any promise of remuneration, **I hereby agree to allow photographs and/or video recordings to be taken of me**, whether posed or candid, while I am on YMCA property and/or participating in YMCA activities or events, **to be reproduced, published, displayed, broadcast, transmitted, licensed, sublicensed or otherwise used by the YMCA or any Authorized Third Party in connection with the Purposes**, including without limitation on YMCA internet web sites, in YMCA printed materials, or in any other materials or medium whatsoever and wherever (the “**Work Product**”). I confirm that neither the YMCA nor any Authorized Third Party shall be obligated to use the Work Product.

I understand that the Work Product is being created under the direction and control of the YMCA. **I hereby irrevocably assign to the YMCA any and all rights, including copyright, financial or other rights, and I hereby irrevocably waive in favour of YMCA and any Authorized Third Party any and all moral rights or rights of similar nature that I may have in the Work Product.** I agree that the YMCA has the sole worldwide ownership and rights in and to the Work Product, including copyright interests, and I acknowledge that I have no interest or ownership in the Work Product or its copyright.

**I agree that I will not bring or consent to others bringing a claim or action against the YMCA** on the grounds that anything contained in the Work Product, or in the manner in which the Work Product is used, is defamatory, reflects adversely on me, or violates any other right whatsoever, including, rights of privacy and publicity. **I hereby release and forever discharge each of the YMCAs, any Authorized Third Party and their respective** officers, directors, employees, agents, partners and affiliates, and their respective heirs, executors, personal legal representatives, successors and assigns, as applicable, from all actions, claims, causes of action, suits, demands, liabilities and damages whatsoever, in law or equity, which I may have against any of them in connection with the Work Product.

I confirm that I am over the age of majority in my province or territory of residence and am competent to execute this Form and to participate in the development of the Work Product; or, to the extent that I am under the age of majority in my province or territory of residence, have had my parent or guardian review this Form and consent to my participation in the creation of the Work Product on my behalf.

Any inconsistency between this Form as expressed in English and any other language shall, to the full extent permitted by applicable law, be resolved by reference to the English version. Les parties ont convenu de rédiger cette entente en anglais.

**By signing my name, I (or my legal guardian, where applicable) acknowledge that I (or we) have carefully read and understand this Form.**

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Name of Parent or Guardian, if applicable