

**CCSAM High Performance Program
2007 Spring Fitness Test Camp
June 2, 2007
Athlete Registration & Waiver/Parental Consent**

COST: \$20.00 – payable by cash or cheque to “CCSAM”

Athlete's Full Name: _____

Athlete's Birth Date: _____

Home address: _____ City: _____ Prov. _____

Postal Code: _____ Email address: _____

Emergency contact numbers:

Home: _____ Work: _____

Mobile: _____ Other: _____

Existing medical conditions (e.g. allergies to both food or medicine, asthma, prescription drugs etc.)

Health card #'s (please provide both the registration and personal ID #'s):

IN CONSIDERATION OF CROSS COUNTRY CANADA (hereinafter called CCC) and the Cross Country Ski Association of Manitoba (hereinafter called CCSAM) accepting my entry into the 2007 Spring Fitness Test Camp, I hereby for myself, my heirs, executors, administrators and assigns, forever release and forever discharge CCC, CCSAM, its clubs, members, servants, agents, sponsors, volunteers, coaches or employees from any and all claims, demands, actions, or causes of actions arising out of or in consequence of any loss, injury or damage which may arise by reason of the negligence of CCC, CCSAM, its clubs, members, servants, agents, sponsors, volunteers, coaches or employees. Without limiting the generality of the foregoing, I further release any and all recourse that I may now or hereinafter have resulting from any decisions of CCC and the CCSAM.

Parent/Guardian Consent (if athlete is under 19)

I, _____, as parent/guardian of the above named athlete grant permission for said athlete to attend the above named event as organized by the CCSAM and the team coaching staff. I agree that any adult chaperone may, acting on the advice of any qualified medical personnel, sign a medical release or other required documents, giving permission to the said medical personnel to perform on my child whatever medical procedures which such personnel, in their absolute discretion deem liability by signing the said documents. In the case of a medical emergency involving my child, I hereby give permission to any and all qualified medical personnel to take whatever action they, in their absolute discretion, deem necessary to deal with the said emergency to my child. I understand and agree that adult chaperones will abide by whatever advice is given them regarding the treatment of my child by qualified medical personnel and that the said adult chaperones will not exercise any independent discretion contrary to such advice.

X _____
Signature of athlete

X _____
Signature of Parent/Guardian (if athlete is under 19)

Date

Bring this form (completed and signed) with you to the camp and submit (with payment) to Rob Kirchmann.