

GENERAL INFORMATION

Soccer Without Boundaries will be hosting 4 soccer camps this summer for all skill levels! Everyone going into grade 1 through grade 8 is welcome!

Players can attend multiple camps if registered. Registration will end one week before the starting of each camp. Every camp will run from **9 AM to 1 PM** and sign in will open at 8:30 AM. Snack will be provided.

The cost for one child attending one camp is **\$200**. Please email soccercamp@umojamosiac.org for subsidy information. Payments may be paid by cash, cheque, or e-transfer. Complete registration forms may be mailed to the address below.

Cheques can be made out to:

Umoja Community Mosaic
P.O. Box #86051
Marda Loop
Calgary, Alberta
T2T 6B7

Cash: Please bring the cash to the first day of the camp your player is attending.

e-transfer: e-transfers can be sent to hello@soccerwithoutboundaries.com

Important:

We will be following all provincial COVID guidelines at the time of the camp and making sure to screen all players/volunteers/staff every day before camp. If your child is showing any sign of being sick, please keep them home for the day.

You are invited to our end of summer BBQ!

We will be celebrating the completion of our soccer camps **August 28th** at the Marlborough Community Association. Players should arrive at 9 AM for soccer. From 11:30 AM to 3 PM we will have a variety of children's activities and a BBQ lunch (Halal available). The whole family is invited to this event. If your family is able to attend please indicate below:

Number of Adults: _____

Number of Children: _____

Halal (circle): Y / N

Vegetarian (circle): Y / N

GREAT PROGRAM FOR KIDS AT ALL LEVELS OF EXPERIENCE!



Questions or concerns? Contact:

Soccercamp@umojamosiac.org



More information on our website:

soccerwithoutboundaries.org



SOCCER WITHOUT BOUNDARIES
2021 SOCCER CAMP
Information and Registration Inside

REGISTRATION

PLAYER INFORMATION:

Last Name: _____

First Name: _____

Gender: ____ Grade going into: ____

Birth Date (DD/MM/YYYY): ____ / ____ / _____

Address: _____

City: _____ Province: _____

Postal Code: _____

Home Phone #: (_____) _____

Provincial Health Card Number: _____

Allergies: _____ Medication: _____

Any Other Relevant Information:

PARENT/GUARDIAN INFORMATION:

First Parent/Guardian:

Name: _____

Email: _____

Phone #: (_____) _____

Second Parent/Guardian:

Name: _____

Email: _____

Phone #: (_____) _____

EMERGENCY CONTACT:

Only used if both parents/guardians cannot be contacted.

Name: _____

Phone #: (_____) _____

CAMP(S) ATTENDING:

Please indicate which camps your child will be attending. Players can attend multiple camps if registered. In the event of a change to the selection below (addition or removal from a camp), please contact soccercamp@umojamosiac.org as soon as possible. See "General Information" for more camp details.

- July 26-30** at MacEwan Glen Park
- August 09-13** at the Marlborough Community Association
- August 16-20** at the Marlborough Community Association
- August 23-27** at the Glenbrook Community Hall

SIGN IN/OUT WAIVER:

Allows for any child going into grade 4 and above to sign themselves in. Or allows for another person other than the parents/guardians to sign the player in.

I give _____ permission to sign _____ (child) in and out of camp each day.

Signature: _____

MINOR (CHILD) PHOTO CONSENT:

Please sign below to grant permission for the reasonable use of photos/videos containing your child in any or all of the following ways:

Promotional Material: Written, videos, website, and social media.

News Coverage: Radio, TV, and newspapers.

Signature: _____

Printed Name: _____

Date: _____

LEGAL RELEASE

I, the parent or guardian of the above-named Child(ren), authorize my Child(ren) participation in Soccer Without Boundaries' Soccer Camp.

I understand that this Program is a nonprofit sports program for youth. My Child(ren) 's participation is voluntary and not essential to the completion of requirements of any program, school or government agency. I understand that the Program is conducted by Soccer Without Boundaries (SWB), its volunteers and staff, and by volunteers from the community. I also understand that SWB is solely responsible for all aspects of the Program, including selection, screening, and supervision of all persons conducting the Program. I further understand and agree that my Child(ren) 's participation in athletic and other activities of the Program necessarily involves the risk of injury and even death from various causes, including but not limited to accidents, falls, strenuous and prolonged physical activity, dehydration, illness, collision or dispute with other participants, weather-related injuries, playing area and equipment defects, and negligence of coaches and referees. On behalf of my Child(ren), me and my family, I assume these risks. In consideration of the privilege of my Child(ren) 's participation in the Program, and on behalf of my Child(ren) and me as parent/guardian, I hereby release, discharge, hold harmless and indemnify, and covenant not to sue, Soccer Without Boundaries, and all of its directors, officers, employees, volunteers, insurers, agents and representatives, and all other persons associated with the Program (including without limitation any other participating churches, sponsors, parents, vendors, coaches and other game and event workers, officials, drivers, and organizations) as to any and all claims of my Child(ren), me and other family members for personal injuries suffered by my Child(ren), property damage, medical expenses, and economic loss arising directly or indirectly out of my Child(ren) 's participation in the Program, and any first aid, medical care or treatment provided to my Child(ren) in the event my Child(ren) is injured or becomes ill while participating in Program activities, and excepting claims that may not be released under applicable law. This Release of Liability shall be as broadly construed as allowed by law to include all claims and rights that the Child(ren), that I as parent/guardian, and other family members may have. I am a legally responsible parent or guardian of my Child(ren). If any provision of this Release of Liability is deemed invalid, the remaining provisions shall remain in full force and effect. This Release of Liability shall be binding on me, my family, heirs, next of kin, legal representatives, beneficiaries, successors, and assigns. I acknowledge and consent that registration will allow SWB to obtain access to personal information regarding me and my Child(ren) participant.

Participation and Safety

I understand that participation in the Program may involve strenuous and prolonged physical activity. I agree that my Child(ren) is/are healthy and able to participate in the Program activities. I understand that SWB or its representatives may request health information concerning my Child(ren) and/or ask my Child(ren) to undergo a medical exam. If SWB determines that my Child(ren) does have a physical, mental or other condition that may affect his/her ability to safely and appropriately participate in Program activities (or that may affect the ability of other Child(ren) to participate safely). In that case, SWB may determine that my Child(ren) cannot be permitted to participate. I understand and agree that, while SWB desires that all Child(ren) will be able to participate, such decisions may have to be made out of concern for the best interests of my Child(ren) and other participants.

Consent to Medical Treatment

In the event, my Child(ren) is injured or becomes ill in Program activities, and if I, the parent or guardian of the above-named Child(ren), am not present to make medical decisions, I hereby authorize SWB, its staff, volunteers, coaches, assistant coaches, and referees, and supervisors, to arrange for and consent on my behalf to emergency medical and dental care and treatment, including tests and radiological exams, and surgery, and hospital care and treatment, and to consent to medications for pain and other conditions as prescribed by medical personnel attending my Child(ren). I am responsible for payment of any medical charges or expenses not covered by my insurance or the insurance applicable to my Child(ren) (if any). My signature below indicates that all information provided in this form is true and accurate. I fully agree to all statements made on the form, including but not limited to the Authorization and Release of Liability, Medical Conditions, and Consent to Medical Treatment. My signature also indicates that all legal guardians are aware and consensual with the above-named Child's participation (ren).

Protection of Privacy

Personal information provided is collected in accordance with Section 33(c) of the Alberta *Freedom of Information and Protection of Privacy Act* (the FOIP Act) and will be protected under Part 2 of that Act. It will be used for the purpose of delivering resources and services that have been requested. Should you require further information about collection, use and disclosure of personal information, please contact: Jean Claude Munyeyamu, Executive Director, PO Box 86051 Marda Loop, Calgary, AB T2T 6B7, 403-618-0457.

Signature: _____

Printed Name: _____ Date: _____