



Gr. 9-12 PHOENIX BASKETBALL FALL/ WINTER 2018 WORKOUT SESSIONS AGREEMENT & RELEASE FORM

I \_\_\_\_\_ hereby give permission for my son \_\_\_\_\_ to participate in the 2018 Fall/ Winter Workout Sessions organised by the Ottawa Phoenix Basketball Club.

I understand that my son will participate in a study hall period and a basketball skills & drills workout session throughout the period of September 22<sup>nd</sup>, 2018 to February 29<sup>th</sup>, 2019. (Dates and times have been made available to me via email).

I am aware that the team fee for the Fall/ Winter Workout Sessions are \$250.00 and agree to provide payment in full. I understand that the team will travel to games, tri-meets and tournaments. Fees for team travel during this period will be outlined prior to each event, paid at the time of travel and are not included in the \$250 Fall/ Winter Workout Session fee.

**Insurance:** Players who have agreed to participate and are registered for the Fall / Winter Workout Sessions are covered under the Ottawa Phoenix Basketball insurance with the OSBIE- Ontario School Board's Insurance Exchange. It is the responsibility of every individual and their parent or legal guardian, to ensure that their child has accident and health coverage while participating in all youth activities.

**Medical Treatment:** I hereby give permission for my child to be given cardiopulmonary resuscitation (CPR) and first aid treatment by a qualified staff member of Ottawa Phoenix Basketball. In the event I cannot be contacted, I also give permission for my child to be transported by ambulance or aid car to an emergency center for treatment. I further consent to the disclosure of health information and to the medical, surgical and hospital care treatment and procedures (including, but not limited to, administration of necessary anesthetics, tests, x-ray examinations, transfusions, injections, drugs) to be performed for my child by a licensed physician or hospital selected by the first responders on the site, when deemed immediately necessary or advisable by a licensed physician, to safeguard my child's health.

**Release from Liability:** Recognizing that Ottawa Phoenix Basketball will do its best to ensure a safe experience, I understand that accidents may occur both from my child's participation in youth sports activities and from transportation to and from the program. I agree to assume these risks. By signing below, I release Ottawa Phoenix Basketball and its employees, volunteers, independent contractors, directors and agents from all liability based on any damage, loss or injury, caused to my child or to me, from participation in the youth sports program.

I have read and understand the above and have completed this form to the best of my ability. The participant and the parent will abide by all Ottawa Phoenix Basketball Team rules, values and morals. There will be a zero tolerance policy for non-compliance of any unsportsmanlike behavior. Any violation of such may result in a termination of the participant from the house league without reimbursement. I also support the Ottawa Phoenix Basketball youth sports philosophy, which is based on participation, fun, physical fitness and health, skill development, teamwork, fair play, family involvement and volunteer leadership.

Parent Signature \_\_\_\_\_ Parent Printed Name \_\_\_\_\_

Date \_\_\_\_\_ Parent # in Case of Emergency \_\_\_\_\_

Participant Signature \_\_\_\_\_ Participant Printed Name \_\_\_\_\_

Date \_\_\_\_\_ Participant OHIP# \_\_\_\_\_