

THE GARE CUP

2019 REGISTRATION



Team Name: _____

Parent in charge of team: _____ Email: _____

Player First and Last name: _____

Birth date (dd/mm/yy): _____ Gender player identifies with: _____

BC Medical Number: _____

Identify any Medical Condition (including Allergies and Medications): _____

Main Contact Name: _____ Relationship to Player: _____

Main Contact E-mail: _____ Main Contact Phone#: _____

Mailing Address (City Postal Code): _____

Emergency Contact (spouse, relative, friend, etc): _____

Relationship to Player: _____ Emergency Contact Phone#: _____

COST

\$25.00 per player. This includes a minimum of 3 games, lunch (hot dog and juice box), and a full day of fun.

REFUND POLICY

Request for refunds must be received in writing by Ernie Gare Society a week before the tournament date.

WAIVER

In consideration of acceptance in this program, I, the undersigned do hereby waive, remit and release any and all manners of action, claim or demands, which I may have against the Ernie Gare Scholarship Society or their agents, representatives and successors. In the case of injury, I recognize that it is the responsibility of the player or player's guardian to make any claim for insurance coverage that may be available. I agree to review the Concussion Information on the signs and symptoms of concussions and acknowledge. I hereby give my consent for all medical care necessary to preserve the life and wellbeing of my dependent. I also approve the publication of photos of myself and my child by The Ernie Gare Shcolarship Society. Furthermore, I agree to read and abide by the Ernie Gare Society Code of Conduct.

Parent/Guardian signature: _____

Date: _____

(If home stay or other, must attach letter of consent from Parent)