

IGNITE Athlete Development Program
Medical/Consent Waivers & Fee Agreement



Athlete's Full Name: _____

Team/Club Name: _____

Medical Information:

Care Card #: _____

Parent or Guardian Information

Name: _____ Phone (h): _____ Phone (c): _____

Name: _____ Phone (h): _____ Phone (c): _____

Physician Information

Name: _____ Phone: _____

Emergency Contact Information

Name: _____ Phone: _____ Relationship: _____

Allergies (drug/food/other) (*Please Specify*)

Please list any medical conditions or other concerns (include any information regarding conditions that could inhibit or impact your child's participation in program activities). In addition, please specify if your child is currently taking any medications.

Recent Injuries/ Musculoskeletal Issues:

Medical Issues:

I _____ certify that all of the above information is current and correct.
(Parent or Guardian)

Parent / Guardian Signature

Date

Program Consent:

By signing below, I am giving consent that my child may participate in PacificSport’s IGNITE Athlete Development Program. In consideration of my child’s participation in this programs, I, and our heirs and assigns, hereby forever release, discharge and hold harmless the PacificSport directors, officers, employees, coaches, representatives, agents, and volunteers from any liability for an injury, loss or damage sustained by our child, howsoever caused, arising out of or in connection with our child’s participation in the above mentioned program.

Emergency Treatment:

In the case of illness or accident of my child, and I cannot be reached by phone, I hereby authorize PacificSport’s IGNITE program staff to send for or seek medical assistance. I agree that in the case of an EMERGENCY, PacificSport’s program staff may call upon the local hospital or ambulance. All costs incurred are the responsibility of the parent or guardian.

This waiver and all information included on the attached forms which includes medical and contact information will be valid until the completion of the IGNITE Program in June 2018. It is my responsibility to inform PacificSport in writing with any changes to this information during this period.

Parent / Guardian Name Parent/ Guardian Signature Date

IGNITE Fee Payment Agreement:

Your child has received a scholarship to cover the majority of the expenses for this program.

Scholarship athletes will have access to:

- Two 60 minute, expert lead training sessions per week
- Lululemon T-Shirt
- Athlete Training Journal
- Physiological Testing
- Program Insurance, BC Athletics Membership Fee
- Access to Sport Education Workshops and Guest Speakers

Athlete program fees are \$450. We require payment for the full training block at the start of the first session (February 13th, 2018). Athlete fees can be paid by cheque or cash in full, payable to PacificSport Interior BC.

Should an athlete be forced to withdraw from the program before its conclusion, fees will only be refunded under the following circumstances:

- a) Athlete Injury - a formal doctor’s note confirming their injury is required.
- b) Sudden/extenuating circumstances (i.e. Relocation of family)

Fees are refunded based on the pro-rated value of remaining training sessions.

I understand this to be a firm contract with PacificSport Interior BC for Athlete Fees for my child’s involvement in the IGNITE Athlete Development Program as outlined above. Fees are to be submitted to Eryn Barrett (ebarrett@pacificsport.com 250.828.3583) in advance of the first training session.

Athlete Signature

Date



Parent/Guardian Signature

Date