

Informed Consent / Permission Form

For Saints Summer Basketball Camp St. Benedict Catholic Secondary School July 8th to July 12th, 2019

Name of Student/Camper (Print):	
 JUNIOR SAINTS CAMP (Entering Gr 1-3) SEMI-PRO DIVISION (Entering Gr 4-6) PRO DIVISION (Entering Gr 7-9) 	Please indicate which division you are in.
THIS FORM MUST BE READ AND SIGNED BY STUDENT.	EVERY PARENT OR GUARDIAN OF A PARTICIPATING
ELEMENTS OF RISK	
Educational activity programs, such as the above activity participating in these activities. These accidents may consider the second of the se	ity, involve certain elements of risk. Accidents may occur while cause injury.
	nd can occur without any fault on either part of the student, or the r the facility where the activity is taking place. By choosing to an accident and an injury occurring.
The chance of an accident occurring can be reduced by activity.	carefully following instructions at all times while engaged in the
If you choose to participate in the above described a responsibility for any accident that might occur.	activity, you must understand that you will bear the
The Waterloo Catholic District School Board does not medical expenses insurance on behalf of the students p	provide any accidental death, disability, dismemberment, dental, or participating in this activity.
INSURANCE PLAN offered by the Reliable Life Insu	advises that all students participate in the STUDENT ACCIDENT rance Company and which covers participants for all accidents, 24 lore info and applications can be found at www.insuremykids.com
ACKNOWLEDGEMENT	
WE HAVE READ THE ABOVE. WE UNDERSTAN ABOVE, WE ARE ASSUMING THE RISKS ASSOC	ID THAT IN PARTICIPATING IN THE ACTIVITY DESCRIBEI SIATED WITH DOING SO.
Signature of Parent/Guardian:	Date:
PERMISSION	
I give permit being held July 8-12, 2019.	ission to participate in the St Benedict Basketball Camps
Signature of Parent/Guardian:	Date:

NOTE TO PARENT(S): PLEASE RETURN THIS FORM IN ITS ENTIRETY