



Saskatchewan Command

Provincial Track and Field Camp

Application Form

Canada Games Athletic Complex in Regina, SK

July 2 – 6, 2019

Open to students born 2002 – 2006

Name:	D.O.B:
Surname	Given Name
	dd/mm/yyyy

Address:		
Street/Box	City/Town	Postal

Home Phone:	Email:
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School:	Grade:	Gender: M / F	Height:	Weight:
		(Circle)		

Have you attended Camp before?	Yes / No	Do you have a guardian interested in chaperoning?	Yes / No
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T-SHIRT SIZE:	X-SMALL	SMALL	MEDIUM	LARGE	X-LARGE	XX-LARGE
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Parent/Guardian	Cell Number(s)	Work Number(s)	Email
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DEADLINE TO REGISTER IS JUNE 14th, 2019
ENCLOSE REGISTRATION FEE OF \$395.00 AND MEDICAL FORM
PLEASE MAKE CHEQUES PAYABLE TO: THE ROYAL CANADIAN LEGION - SASK. COMMAND

The registration fee covers meals and accommodations. The athletes must remain on campus for the entire week and are responsible for their own travel arrangements to the camp.

ATHLETES WILL NOT BE ACCEPTED TO THE CAMP WITH EXISTING INJURIES.

Fee paid by athlete: \$ _____

Fee Paid by organization: \$ _____ Name of Organization: _____

If selected, are you able to attend the Legion National Canadian Youth Championship in Cape Breton, NS. August 9 - 11, 2019?
Yes / No

National Camp selects will be assessed a **\$150 fee** to participate. Flights and travel arrangements are predetermined and no changes will be made. **The team departs and returns together.**

Please remit completed registration and medical form, along with the registration fee.
Cancellations may be subject to a \$100 fee. NSF cheques will not be tolerated.



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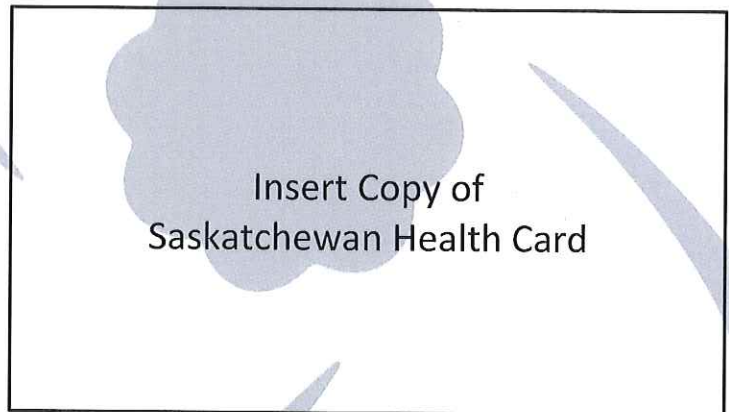
Provincial Track and Field Camp Parental Consent and Personal Health Record Form

Please complete this form and attach a copy of the athlete's valid Saskatchewan Health Card.

Last Name		First Name	Birthdate
Address		City	Postal Code
Home Phone Number		Email Address	
Saskatchewan Health Card Number			Expiry Date
Parent/Guardian Cell Phone	Parent/Guardian Work Phone	Parent/Guardian Email	

Listing of all medications that the athlete must use during the event period. These must be clearly marked and handed to the nurse upon arrival (Name of medicine, condition for which the medication is prescribed and the dosage).

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____



Insert Copy of
Saskatchewan Health Card

Athlete Signature	Parent/Guardian Signature	Date
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Saskatchewan Command

Treatment & Liability Waiver

A variety of therapeutic services may be provided for the athletes attending a Legion Provincial and/or National Track and Field Camp. These therapists may be student therapists that are completing clinical hours as part of their educational program. The student therapists will be supervised by registered therapists always and the treatment will be performed through clothing or directly to skin on areas already exposed (i.e. legs, arms, etc.).

For an athlete to be eligible for these services, the following form must be completed, initialed, signed and provided to the Saskatchewan Command Office.

Last Name	First Name	Phone Number

On the list below, please indicate which forms of treatment you allow your child to undergo;

First Aid Treatment _____ Athletic Injury Taping _____ Cryotherapy (Ice) _____ Chiropractic Assessment _____
Heat Therapy _____ Acupuncture _____ Physiotherapy _____ Massage Therapy _____

Parent/Guardian initials of consent;

_____ I give my consent for my child to be treated by a student therapist.
Initial

_____ The parent or guardian assumes full responsibility for the applicant's health such that athletic activities no way aggravates any present conditions.
Initial

_____ If for any reason, the athlete's medical status changes after this form has been signed and your permission should be withdrawn or changed, the parent/guardian is obligated to notify the Saskatchewan Command Office at 306-525-8739.
Initial

_____ In consideration of your accepting this entry, I hereby, for myself, my heirs, executors and administrators, release and forever discharge the Royal Canadian Legion, it's agents, servants, representatives, successors and assignee and other bodies, corporate firms associations or persons connected with the competitors of any and from any and all rights, claims, demands and actions whatsoever that I may have for any and all loss, damage or injury sustained by me or my equipment during said competitions.
Initial

_____ I give permission to the Royal Canadian Legion – Saskatchewan Command to use the applicant's name and/or image for promotion of the Track and Field Camp. The Royal Canadian Legion – Saskatchewan Command does not sell or rent names to any organization or advertiser.
Initial

_____ I attest and verify that the applicant is physically fit. I further provide my consent for the provision of emergency medical treatment, if necessary.
Initial

Doctor's Statement – to be completed by examining physician;

In your opinion and from your examination, do you believe that the applicant is fit to compete in all activities pertaining to this event?

Examining Physician	Date

Comments

Athlete Signature	Parent/Guardian Signature	Date