

PATRICK ARBOUR SPORTS

1. **Info** Athlete's Name:

Email Address:

Date of Birth (dd/mm/yyyy):

Parent..... Cell #

Parent..... Cell #

Secondary Contact in Case of Emergency :

Cell.....

Position: Team:

Consent (This section must be completed by a parent for athletes under the age of 18)

I, _____ (print name), give my consent for me/my child,
_____ (print name), to participate in a fitness program conducted by Patrick

Arbour Sports

Risks:

I recognize that exercise and the rinks carries some risk to the musculoskeletal system (sprains, strains) , Immune system (Covid 19, Flu) ,and the cardiorespiratory system (dizziness, discomfort in breathing, heart attack). I hereby certify that I know of no medical problem, which would increase I/my child's risk of illness and injury as a result of participation in a regular exercise program.

By signing this consent form, I understand the risks and benefits I/my child may experience with exercise. I also waive the responsibility of Patrick Arbour Sports if I/my child should incur any injury as a result of participation in any technical school program administered by Patrick Arbour Sports.

Athlete/ Parent Signature _____ Date _____

Patrick Arbour Sports Representative _____ Date _____

Your Acceptance:

You have carefully read and understood this Agreement.

By signing below, the terms and conditions are accepted, and agreed to on this date.

List all medical conditions and/or injuries we should be aware of:

PLEASE SIGN

Video will be used for analysis and for promotion. Initial to give consent for use of images and video _____