



## Parent's Information Package – Outdoor Sports Season 2025

Attention Parents,  
you can reach out to me at any time to voice your concerns or ask any questions.

Dean Woolley  
[sleevelessdean@gmail.com](mailto:sleevelessdean@gmail.com)  
[416] 553-1127

### *Important Information you need to know:*

#### ICE

Please program your emergency contact number (parent) under ICE (In Case of Emergency) in your kid's phone.

#### Water

Bring at least one water bottle and put your name on it. Ask us for a SSC "If found" sticker and be part of our Lost and Found program. NO DISPOSABLE WATER BOTTLES PLEASE!

#### Shade

There are few opportunities for shade around the field. Be prepared with sunscreen, appropriate clothing, hat and hydration/snack.

#### Rain

We play in the rain. All kinds, such as a light rain or a heavy downpour. We also play in snow, fog, sleet or hail. On occasion, persistent weather may saturate the playing surface and the Town may close the field. We will notify players of any issue as soon as possible.

### Lightning

WE DON'T PLAY IN CONDITIONS WHERE LIGHTNING IS PRESENT.

The 30/30 rule states: *Go indoors if, after seeing lightning, you cannot count to 30 before hearing thunder. Stay indoors 30 minutes after hearing the last clap of thunder.*

### Payment

Your payment can be made by EMT to [sleevelessdean@gmail.com](mailto:sleevelessdean@gmail.com). You can bring cash to the field, just let me know in advance.

### Waiver

You must submit a waiver signed by a parent/guardian before taking the field on the first night of play.

### Transportation

Each player must make their own arrangement for a safe ride to and from the field. Carpooling is encouraged. There are ample parking spaces in the lot at the end of Santa Maria Boulevard.

### Field

All our games will be played at Community Field #5, unless noted otherwise. Washrooms available at the field in the adjacent pavilion.

### Coaching

Each team will have a player/coach responsible for teaching in-game strategy and advanced skills.

### Session format

All sessions are 75 minutes long (6:30 – 7:45pm) with part of this time used for skills development. Players will have opportunities to improve disk-handling, throwing and catching. Players should arrive early in their gear to warm up before the game.



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Name:

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Payment:            EMT            Cash

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Emergency Contact (name and number):

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### HEALTH INFORMATION

Do we have all the information we need about your player? (yes/no) \_\_\_\_\_

Does your player have any food allergies? \_\_\_\_\_

Any nature allergies? \_\_\_\_\_

Does your player have a recent history of injury or illness we should be aware of?

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### MEDICATION

We will have a limited amount of first aid materials on hand for scrapes and such. We will have ice, band aids and blister care in our First Aid kit. Does your player need medication on the field such as Epi-pen, Asthma inhaler etc.

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### TRANSPORTATION

We will drop off and pick up from the field or the parking lot. \_\_\_\_\_

Our player is able to leave the field with friends or alone. \_\_\_\_\_

Notes:

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## READ THIS PARTICIPANT WAIVER AND RELEASE OF LIABILITY. PLEASE SIGN AND RETURN

In consideration of being allowed to participate in SLEEVELESS SPORTS COMMUNITY (SSC) social events, sports and training activities, the undersigned below understands, acknowledges and agrees that:

- 1) The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; the travel to and from these activities can also be hazardous, and
- 2) I will knowingly and freely assume all risks, both known and unknown, EVEN IF SUCH RISKS RESULT FROM THE NEGLIGENCE OF PARTICIPANTS or others, and I will assume full responsibility for my participation; and,
- 3) I willingly agree to comply with the stated and customary terms and conditions for participation in the programs. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring any concerns to the attention of the attending SSC representative immediately; and,
- 4) I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS SLEEVELESS SPORTS COMMUNITY, their directors, officers, officials, agents, volunteers and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE PARTICIPANTS OR OTHERWISE, to the fullest extent permitted under the laws of Ontario.
- 5) Consent for the use of Personal Information and Photo Release. I authorize SSC to collect and use personal information about me for the purpose of receiving communications (newsletters, publications, announcements, invitations and other news or information) from SSC and the posting of articles of interest, newsletters, promotions, statistics, images and results on SSC's website and social media. This consent is in compliance with the latest iteration of the Personal Information Protection and Electronic Documents Act.



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I grant permission to SSC to photograph and/or record my image and/or voice on still or motion picture film and/or audio tape and to use this material to promote the SSC through the media of newsletters, websites, television, film, radio, print and/or graphic form. I waive any claim to remuneration for use of audio/visual materials used for these purposes. I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

PARTICIPANT NAME (PLEASE PRINT): \_\_\_\_\_

PARTICIPANT PHONE NUMBER: \_\_\_\_\_

PARTICIPANT SIGNATURE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

DATE SIGNED: \_\_\_\_\_

### FOR PARTICIPANTS OF MINORITY AGE

(UNDER AGE 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the "Releasees", and for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the "Releasees" from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted under the laws of Ontario.

PARENT/GUARDIAN NAME (PLEASE PRINT): \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

DATE SIGNED:

\_\_\_\_\_ EMERGENCY

PHONE NUMBER: [\_\_\_\_\_] \_\_\_\_\_