



## 2022 UNB Saint John Camps Registration Form

*Participant & Camp Information – Please PRINT – Please check camp(s) applying for*

Participant Name:		Gender: F / M
Birthdate:(yy/mm/dd)	Grade in School:	Age:
Medicare / Expiry Date:		
Home Address in Full:		
Email Address (print clearly):		
Allergies, Special Needs etc.:		
Method of Travel and with who:		

**\*\*If participant is starting high school in September, they are to register for the high school camp. \*\***

Camp	Details	Fee*	Check <input checked="" type="checkbox"/>
Volleyball 1 (Middle School, Ages 11-14)	Aug 22 - Aug 26 9:00am-4:00pm (Friday half day)	\$200	<input type="checkbox"/>
Volleyball 2 (High School, Ages 15-18)	July 18 - 21 & July 25 - 28, 5pm - 9pm	\$200+tx (\$230.00)	<input type="checkbox"/>

<b>TOTAL:</b>	
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To pay in person please see Stephanie Guimond, Athletics Dept. Room 105

Accepted Methods of Payment: Cash, cheque, debit or credit card, all must be done in person. Online payment is unavailable at this time. For cheques pay to the order of "UNB Saint John Summer Camp", please indicate Volleyball 1 or 2.

**Cash and cheques will not be received via mail, in person only.**

Visit [unb.ca/saintjohn/athletics/community/camps-clinics.html](http://unb.ca/saintjohn/athletics/community/camps-clinics.html) under "Register Now", print form, fill out and drop off to Athletics Dept.

Refund Policy: The UNB Saint John refund policy includes a \$50 administration charge for cancelling a registration prior to the start of camp. Once the camp starts refunds will only be granted if a certified medical document is provided. UNB Saint John has the right to cancel any camps due to lack of participants or other operational reasons. In the event of a camp cancellation a full refund will be issued.

**TO: THE GOVERNORS OF THE UNIVERSITY OF NEW BRUNSWICK  
RELEASE OF LIABILITY, WAIVER OF CLAIMS,  
ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT**

**WARNING: By signing this document you indicate that you understand the risks associated with the activity(ies), that you are aware that by allowing your child to participate in the activity(ies) you are exposing him/her to the risks identified below. It gives the University authority to secure medical assistance for your child for which you agree to be financially responsible. You are agreeing to assume financial responsibility for any damage to third persons or their property caused by your child.**

**PLEASE READ CAREFULLY!**

NAME OF PARTICIPANT CHILD: \_\_\_\_\_

NAME OF PARENT/GUARDIAN: \_\_\_\_\_

ADDRESS OF PARENT/GUARDIAN: \_\_\_\_\_

COURSE CODE & TITLE/ACTIVITY NAME: \_\_\_\_\_

COURSE/ACTIVITY DATE: \_\_\_\_\_

**Emergency Contact Information**

Name: \_\_\_\_\_

Phone Number: ( ) \_\_\_\_\_

Relationship: \_\_\_\_\_

UNB is committed to ensuring the protection of all individuals and participants. Information collected is for registration purposes and will only be accessible to Club Sport & Recreation for administrative purposes.

**ASSUMPTION OF RISK**

Participation in the activity(s) of **Volleyball**, carries with it certain inherent risks. I am aware that, by allowing my child to participate in the activity(s), I my child may be exposed to any manner of harm, injury, illness, death or property damage resulting from such risks, including but not limited to the following:

**General:**

- Loss or damage of personal property by any means including, but not limited to, theft, vandalism, fire, or water damage;
- Travel by motor vehicle, bus, traffic accidents, poor road conditions, water craft, airplanes or any other means of transportation to, from, or during the activity(s).
- Food Consumption: Ensure your child is aware not to partake of drinks/food that may be provided during this program/activity if they have any food allergies.

**NOTE: Please consult with your child’s physician prior to participating in any physical activity(s) or using any equipment if you have any pre-existing conditions which may be affected by their participation in the activity(s).**

**Sporting Activities Risks:**

- All manner of muscular and skeletal injuries, bruises, scrapes, cuts, strains, sprains, leg cramps, dislocations, or bone injuries;
- Head, facial, dental and neurological injuries such as concussions and traumatic brain injuries (TBI);
- An increased load on the heart that may result in dizziness, shortness of breath, fainting, chest pain or discomfort, nausea, and in extreme circumstances may result in a heart attack;
- Being struck with projectiles;
- Falling against, impacting, entanglement or impairment on apparatus, equipment or other natural or man made obstacles (visible or not visible), or against the ground, floors, walls or other surfaces;
- Contact with participants, officials, spectators, or other people or sustaining injuries arising from their actions;
- My child’s participation and/or use of equipment beyond their own skills and abilities; and
- The use, misuse, failure or malfunctioning of equipment.

**Volleyball – Indoor/Outdoor:**

**NOTE: Appropriate footwear for this activity is required.**

I have explained the risks associated with this activity to my child and they understand the risks.

We freely accept and fully assume all such risks, dangers and hazards and the possibility of, and I agree, on behalf of myself and my child, that the University of New Brunswick will not be liable for, personal injury, death, property damage or loss, resulting therefrom. I agree, on behalf of myself and my child, to waive our rights to sue the University for any loss, injury or death resulting from the risks outlined within this Agreement.

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**RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT**

In consideration of the University of New Brunswick permitting my participation in the activity(s) of **Volleyball**, I agree as follows:

- 1. The University of New Brunswick may secure such medical advice and services as it, in its sole discretion, may deem necessary for my child's health and safety and I shall be financially responsible for such medical advice and services.
- 2. I understand that it is my child's responsibility to abide by the rules and regulations imposed on the participants by the instructor / coach. I have explained to my child the need to follow the instructions given by the instructor / coach.
- 3. I understand that if I or my child am supplying the equipment for my child, I am responsible for ensuring that it is safe and well maintained and up to the requisite standards for the activity(s) in which I am participating. I understand that the University of New Brunswick accepts no responsibility for any incidents or accidents occurring out of the use or misuse of my child's equipment.

\_\_\_\_\_ (Initial here that you have read paragraph 4.)

- 4. I agree TO WAIVE ANY AND ALL CLAIMS that I or my child have or may have in the future against the University of New Brunswick and its members, officers, board of governors, employees, students, agents, volunteers and independent contractors (all of whom are hereinafter collectively referred to as "the Releasees") as a result of my child's participation in the course/activity.;
- 5. I agree TO RELEASE THE RELEASEES from any and all liability for any loss, damage, injury or expense that I or my child may suffer, or that my next of kin may suffer as a result of my participation in the activity(s) of **Volleyball** due to any cause whatsoever INCLUDING NEGLIGENCE, BREACH OF CONTRACT, OR BREACH OF ANY STATUTORY OR OTHER DUTY OF CARE.

\_\_\_\_\_ (Initial here that you have read paragraph 5.)

- 6. I agree TO HOLD HARMLESS AND INDEMNIFY THE RELEASEES from any and all liability for any damage to the property of, or personal injury to, any third party, resulting from my child's participation in the activity(s) of **Volleyball**; and

\_\_\_\_\_ (Initial here that you have read paragraph 6.)

- 7. This agreement shall be effective and binding upon my heirs, next of kin, executors, administrators, assigns and representatives in the event of my death or incapacity.

\_\_\_\_\_ (Initial here that you have read paragraph 7.)

- 8. This Waiver shall be governed by and construed in accordance with the laws in force in the province of New Brunswick and the federal laws of Canada, as applicable. The courts of New Brunswick shall have exclusive jurisdiction over all claims, disputes and actions arising out of and related to the activity and this Waiver and the parties hereby attorn to the jurisdiction of the New Brunswick courts.

In entering into this Agreement, I am not relying upon any oral or written representations or statements made by the Releasees, other than what is set forth in this Agreement. I understand and agree that the assumption of risk contemplated herein is intended to be as broad and inclusive as possible by the applicable laws of Canada and that if any portion hereof is held invalid, that the balance shall, notwithstanding, continue in full legal force and effect.

I confirm that I have authority to enter into this Agreement on behalf of my child and understand that the terms contained herein are legally binding. **I CONFIRM THAT I HAVE READ AND UNDERSTAND THIS AGREEMENT , HAVE HAD AN OPPORTUNITY TO CONSULT WITH A LAWYER IF I CHOOSE TO, AND THAT I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM ACCEPTING FINANCIAL RESPONSIBILITY FOR ANY MEDICAL ASSISTANCE THE UNIVERSITY MAY DEEM NECESSARY FOR MY CHILD'S HEALTH AND SAFETY AND ALSO FOR ANY DAMAGE TO THIRD PERSONS OR THEIR PROPERTY THAT MY CHILD MAY CAUSE. I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE, WHICH I OR MY CHILD OR MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS AND ASSIGNS MAY HAVE AGAINST THE RELEASEES.**

Signed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN

\_\_\_\_\_  
PARENT OR GUARDIAN NAME (please print)

\_\_\_\_\_  
WITNESS SIGNATURE (Non Family Member)

\_\_\_\_\_  
WITNESS NAME (please print)

\_\_\_\_\_  
WITNESS ADDRESS

\_\_\_\_\_  
WITNESS TELEPHONE #

**This Agreement must be completed in full, without alteration, signed, dated and witnessed, and paragraphs must be initialed before the participant may participate in the activity(s).**



## UNB Saint John Summer Camps Participant Information

### For the Camp

- Participants are required to bring their own lunch, snacks and water bottles.
- Participants are to be dropped off and picked up by parents or guardians. If your child is travelling with someone else please let us know.
- Drop off is 15 minutes-30 minutes before camp begins, pick up should be no later than 15 minutes after camps are finished.
- Please pack sneakers, sunscreen, hats and appropriate athletic wear, outdoor and indoor wear for the camp.
- Please indicate on registration form if the participant has any allergies, special needs or any important information that the coordinator/facilitators should be aware of.

### Payments/Registration

- Registration forms and payment are to be submitted to Stephanie Guimond, Athletics Dept. Room 105
- Online payment is not available at this time. Payments will not be taken over the phone.
- Full registration and full payment will secure a spot in the camp, first come, first serve.
- Waitlists will be created in the event a camp fills up.

If you have any questions please contact:

[Stephanie.Guimond@unb.ca](mailto:Stephanie.Guimond@unb.ca)

50-653-2728