

Off the Record

November 29th Pronghorn Soccer Camp Registration

November 29th from 1:00 p.m. to 3:00 p.m., the University of Lethbridge's Men's & Women's Soccer teams will provide a camp-style event. Join us for an afternoon of fun, drills, and games led by local student athletes and supported by first responders.

Completed forms can be sent to buildingsafercommunities@lethbridge.ca. Due to limited spots, a follow up email will be sent in 1-2 business days to confirm registration.

Youth Participant Information

Youth's Full Name: _____

Age: _____

Parent/Guardian Name(s): _____

Phone Number: _____

Email Address: _____

Emergency Contact Information

Emergency Contact Name: _____

Relationship to Participant: _____

Phone Number: _____

Parent/Guardian Consent

I, the undersigned, give my consent for my child, _____
(youth participant's name), to participate in the Off the Record Program (the "Program"). I understand that the Program is designed to foster community building through physical activity and sports.

Parent/Guardian Signature: _____

Date: Click or tap to enter a date.

Additional Information

Please provide any medical conditions, allergies, or special needs the program staff should be aware of:

Thank you for registering for the Off the Record program. Our team will contact you with further details about the program schedule and activities. If you have any questions, please contact us at buildingsafercommunities@lethbridge.ca

Media Release Waiver

I hereby grant permission for the City of Lethbridge (the "City") to use photographs, videos, or other media of my child participating in the Program for promotional, educational, or informational purposes in print, online, or other media formats. I understand that these materials will not be sold or used for any commercial purpose.

☐ Yes, I consent to the use of media featuring my child.

☐ No, I do not consent to the use of media featuring my child.

Parent/Guardian Signature: _____

Date: Click or tap to enter a date.

Acknowledgement and Indemnity Agreement (“Agreement”)

Child’s first and last name: _____

Date of Birth: _____

Address: _____ Phone: _____

I, _____, on behalf of _____ (“Child”),
(Insert parent/guardian name) (Insert Child name)

acknowledge that my Child’s participation in the Off the Record Program (the “Program”) carries with it inherent risks. I am aware that by allowing my Child to participate in the Program, my Child may be exposed to any manner of harm, injury, illness, death, or property damages.

In consideration of the City of Lethbridge (the “City”) allowing my Child to participate in the Program:

1. I confirm that my Child is in good health and able to participate in the Program.
2. In case of an emergency, I authorize Program staff to seek medical assistance for my Child, and I agree to be financially responsible for such medical assistance.
3. I understand it is my child’s responsibility to follow the rules and regulations imposed on Program participants by any instructors or leaders, and I have explained to my Child the requirement to follow the instructions given by instructors or leaders.
4. I agree to hold harmless and indemnify the City 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 Program.

I confirm that I have read and understand this Agreement

Parent/Guardian Signature: _____

Date: Click or tap to enter a date.

**An additional signature is required on the next page.
Please sign in the space provided.**

Notice of Collection of Personal Information

Off the Record program staff are authorized to collect your personal information by section 33(c) of the *Freedom of information and Protection of Privacy Act* (FOIP Act) and will protect your personal information in accordance with Part 2 of the FOIP Act.

Personal information you provide will be used to provide you with services related to Off the Record program and for administrative purposes related to program delivery. Your personal information will not be used or shared for any other purposes without your consent.

If you have questions about how your personal information is collected, used, or shared, please discuss them with BSC program staff or contact the City of Lethbridge FOIP Coordinator at foip@lethbridge.ca or 403.320.3821.

Guardian Signature:

Date: