



2019 NAHC

TEAM MANITOBA – Tryout Camp  
PLAYER INFORMATION FORM



Confidential

Male  Female

Camp Date: August 11-12, 2018

PLEASE PRINT Legibly!

Last Name:..... First Name:.....

Current Address:.....

City, Province:..... Postal Code:.....

Phone/Cell:..... Parent/Guardian Email:.....

Birth Date:..... Home Community:.....

2017-2018 Team:..... Division:.....

Please see the poster on our website for eligible levels of play and birth years. www.masrc.com

Position:..... Shot:..... Height:..... Weight:.....

Do you have an Indian Status, Inuit or Metis card? Yes  No

If yes, which one?..... Card #:.....

*(If you don't, then you **must** contact Manitoba Aboriginal Sports & Recreation Council (MASRC))*

**Note:** You must attach a copy or photo of your Indian Status, Inuit or Metis card with this registration form

Manitoba Health Card 6 Digit #:.....9 Digit #:.....

**Note:** You must attach a copy or photo of your Manitoba Health Card with this registration form

**Education** (must provide)

Current Entering:..... School:.....

School Phone Number:.....

**Emergency Contacts**

*In the event of an emergency, please contact the following person*

Name:..... Relationship:.....

Home#:..... Work#:..... Cell#:.....

Email address: .....

**\*Pre-registration/payment is mandatory.** All registration forms must be completed and received in our office no later than August 3, 2018. Registration **payments** must be received by the MASRC office no later than August 3, 2018. **Registration fee is \$75/athlete.**

**Send completed forms to the MASRC office by August 3, 2018 by:**

Fax: (204) 925-5716 or Email: [masrc.student@sportmanitoba.ca](mailto:masrc.student@sportmanitoba.ca) or in person at 145 Pacific Avenue Winnipeg, MB.

**Office Use:**

Payment Amount: \$..... Date..... Method..... Initial.....



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**CONSENT**

By submitting and signing this form, I acknowledge the following:

I give consent for the below mentioned player to be administered first aid and to be treated by an emergency medical technician, paramedic, nurse, or physician. Any follow up medical attention may be given at a local hospital and transportation to a local hospital is authorized.

I hereby permit the below mentioned player to participate at the 2018 NAHC Team Manitoba Selection Camps by providing my consent.

Player’s Name (please print).....

Player’s Signature.....

Date.....

Parent/Guardian’s Name (please print).....

Parent/Guardian’s Signature.....

Date.....

**MEDIA WAIVER**

By submitting and signing this form, I acknowledge the following:

I hereby grant to the Manitoba Aboriginal Sport & Recreation Council the exclusive right to use my image or picture (whether in still photo, television, social media or any other form), whether such use is during any period in which I try out to be a member of the team or anytime thereafter.

I further grant to the Manitoba Aboriginal Sport & Recreation Council the right to use my name in connection with my participation in the Team Manitoba Selection Camps for commercial or publicity purposes, whether such use is during the period in which I try out to be a member of the team or anytime thereafter.

Player’s Name (please print).....

Player’s Signature.....

Date.....

Parent/Guardian’s Name (please print).....

Parent/Guardian’s Signature.....

Date.....



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CODE OF CONDUCT



By submitting and signing this form, I agree to that:

I am responsible for my behaviour at all times, and will not hold the Manitoba Aboriginal Sport & Recreation Council responsible for any expenses or damages incurred as a result of my behaviour. I understand that any violation of this Code of Conduct may result in exclusion from the event and future Manitoba Aboriginal Sport & Recreation Council Programs. I will be courteous and polite at all times to MASRC staff, NAHC Coaching staff, rink attendants, volunteers, other players, etc. I will compete within the principles of fair play and good sportsmanship at all times.

- Respect the rules of the game
• Respect officials and accept their decisions
• Respect the opponent
• Maintain dignity under all circumstances

Player's Name (please print) .....

Player's Signature.....

WAIVER AND RELEASE OF LIABILITY

In consideration of being allowed to participate in any manner in the Manitoba Aboriginal Sports & Recreation Council's athletic/sports program, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

- 1. The risk of injury from the activities involved in this program is possible, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of injury does exist; and,
2. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releases or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If however I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release and hold harmless Manitoba Aboriginal Sports & Recreation Council, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and leasers of premises used to conduct the event ("Releases"), with respect to any and all injury, disability, or loss or damage to person or property, whether caused by negligence or the releases or otherwise.

Player's Name (please print).....

Player's Signature.....

Date.....

Parent/Guardian's Name (please print).....

Parent/Guardian's Signature.....

Date.....