



UBC Camps

Acknowledgement and Acceptance of Risk, and Consent
PLEASE READ CAREFULLY BEFORE SIGNING

PARTICIPANT INFORMATION

Name of Participant: _____ Birthdate: _____

Name and date(s) of camp: _____

Participant's cell phone number: _____

ACKNOWLEDGEMENT AND ACCEPTANCE OF RISK, AND CONSENT

I have reviewed the description of the **UBC Camps Volleyball** programming and feel that I have sufficiently informed myself about the nature of the camp and the activities involved. **I acknowledge that there are risks, dangers, and hazards associated with my child's participation in the camp including, but not limited to: impact and collision with other players, instructors, or spectators; impact with objects or equipment used in connection with playing volleyball; changes in the type of surface and the condition of each surface, including the playing courts, gymnasium, shower facilities and change rooms; adverse weather conditions; loss of balance; failure to play safely within one's own ability; failure to play against others of equal stature or ability; theft; consumption of food and drink, whether made by professionals or by non-professionals; and negligence of other participants or UBC staff**

I also give permission for camp staff members to administer first aid treatment to my child, and acknowledge that I will be responsible for any medical or other charges in connection with my child's treatment.

Participants are expected to be respectful and considerate towards other participants, UBC staff including all instructors, and external partner organization instructors. Participants are expected and required to follow the directions of all instructors, to stay in close proximity to their instructors during the program and not leave without consent and informing camp instructors. If there is a breach of these rules, instructors will discuss the issue with the participant and/or their parents or guardian. In the event that there is a continuous breach of these rules, UBC may require the participant to withdraw from the remainder of the camp, without reimbursement of any camp fees. **I confirm that I have discussed these rules and expectations with my child.**

I hereby consent to my child's participation in the camp on the terms and conditions set out above by signing below.

Signature of Parent/ Legal Guardian: _____

Printed Name of Parent/ Legal Guardian: _____

Date: _____

**Please mail, fax or email this form to the UBC Camps office before the first day of camp.
Please note a separate consent form must be submitted for each camp the participant registers for.**

6160 Thunderbird Blvd. Vancouver, BC V6T 1Z3
Phone: 604-822-1540 Fax: 604-822-2025
ubc.camps@ubc.ca www.camps.ubc.ca