



Athlete Summer Series 2018 Policies and Regulations

Payment and Cancellation:

Payment is required at the time of registration. Cheque (payable to Studio 410), credit, or cash is acceptable, and e-transfers are accepted when sent to info@studio410.ca. If I/my child is unable to attend after registering and making payment, a refund will be provided less a 20% cancellation fee on the total program costs. This includes if I or my child is unable to attend due to illness.

Punctuality and Preparation:

Participants should be ready and on time for each day to allow for optimal activity time. Studio 410 reserves the right to send disruptive children home early.

Allergies:

Please disclose allergy information to Studio 410 staff members prior to beginning the Athlete Summer Series. Studio 410 will make its best effort to accommodate for each participant's needs, however will not be held liable for food/snacks that other children bring.

If you or your child requires an EpiPen, please disclose this information to Studio 410 staff and send the EpiPen with your child each day.

Personal items:

All participants must bring indoor and outdoor shoes. No outdoor shoes are permitted within the building.

Photo release:

By participating in Studio 410's Athlete Summer Series, I understand and agree that photos and videos will be taken and used on Studio 410's various social media profiles, and in the advertising of future programs.

Release:

By registering and participating in Studio 410's Athlete Summer Series, I and my child(ren) agree to abide by the policies, rules, and regulations of the Studio. By entering, and/or registering for any programs at Studio 410, I release Studio 410 and its agents from ANY liability now or in the future.

In exchange for the acceptance of said child's candidacy by Studio 410, I assume all risk and hazards incidental to the conduct of the activities, and release, absolve and hold harmless Studio 410 and all its respective officers, agents, and representatives from any and all liability for injuries to said child arising out of traveling to, participating in, or returning from selected camp sessions.

In case of injury to said child, I hereby waive all claims against Studio 410, including all coaches and affiliates, all participants, sponsoring agencies, advertisers, and, if applicable, owners and lessors of premises used to conduct the event. There is a risk of being injured that is inherent in all sports activities. Some of these injuries include, but are not limited to, the risk of fractures, paralysis, or death.

As Parent and/or Guardian of the named athlete, I hereby authorize the diagnosis and treatment by a qualified and licensed medical professional, of the minor child, in the event of a medical emergency, which in the opinion of the attending medical professional, requires immediate attention to prevent further endangerment of the minor's life, physical disfigurement, physical impairment, or other undue pain, suffering or discomfort, if delayed.

Permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, x-ray examination and immunizations for the named athlete. In the event of an emergency arising out of serious illness, the need for major surgery, or significant accidental injury, I understand that every attempt will be made by the attending physician to contact me in the most expeditious way possible. This authorization is granted only after a reasonable effort has been made to reach me.

Permission is also granted to Studio 410, and its affiliates including Directors, Coaches, and Team Parents to provide the needed emergency treatment prior to the child's admission to the medical facility.

Release authorized on the dates and/or duration of the registered season.

This release is authorized and executed of my own free will, with the sole purpose of authorizing medical treatment under emergency circumstances, for the protection of life and limb of the named minor child, in my absence.

Participant/Guardian Name (Printed): _____

Participant/Guardian Signature: _____

Date: _____

Staff Signature: _____