Waiver
I,
of the participant(s) listed on the back of this waiver registered for sports program offered by St. Vincent Liem Parish.
I recognize that the program may involve strenuous physical activity including, but not limited to, muscle strength and endurance training, cardiovascular conditioning and training, and various fitness activities. I hereby affirm that the registered is in good physical condition and does not suffer from any known disability or condition which would prevent or limit their participation in the exercise program.
I acknowledge that the enrollment and subsequent participation is purely voluntary and is in no way mandated by St. Vincent Liem Parish.
In consideration of participation in this program I hereby release St. Vincent Liem Parish and the Roman Catholic Diocese of Calgary and its agents from any claims, demands, and causes of action as a result of my child's voluntary participation and enrollment. I fully understand that he/she may injure himself/herself as a result of enrollment and subsequent participation in this program. These conditions may include, but are not limited to, muscle strains, muscle pulls, muscle tears, fractured or broken bones, shin splints, injuries to knees or other joints of the body, or other illness or soreness that may incur.
Parent's /guardian's signature:
Privacy Policy
Parents /guardians do hereby consent that St. Vincent Liem Parishcan collect, use and disclose personal information of your child, as required by agents of St. Vincent Liem Parish. It also understood that any communication will follow strict guidelines of Alberta Privacy Policy Act.
St. Vincent Liem Parishpromotes the offered sports program online by using our official website and social media. Any images we take at practices, games, or academy sessions may be uploaded to one of these sites. I consent to having my child's pictures be used for social media: (initials)
Any concerns or comments should be directed to the Technical Director of St. Vincent Liem Parish's sports program in writing: ATTN: Duc Nguyen, Technical Director of VSL sports program at

## **Registration:**

	Name		Date of Birth	Sports			-	TOTAL	
	First / Last	AB Health Care #	DD/MM/YY	Volleyball	Soccer	Basketball	<b>Badminton</b>		
1									
2									
3									
4									
5									
	<b>Medical Condition</b>	Allergies							
1									
2									
3									
4									
5									

Contact Information:	Home Phone #	M	Iobile #	
Email Address:		Email Address	:	