



*Invites you to the*

# University of Alberta Wrestling Camp December 28-30, 2017

## COACHING STAFF:

**Guest Clinician:**  
Saeed Azarbayjani,  
Olympian



Owen Dawkins  
U of A Head Coach



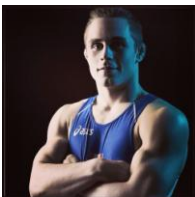
Dustin Helwig  
Assistant Coach, U of A



Michael Asselstine,  
National Wrestler



Shawn Daye Finley,  
National Wrestler



**Wrestlers, ages 12-18, are invited to continue their training over the winter break!**

Join Olympian, SAEED AZARBAYJANI, University of Alberta Head Wrestling Coach, Owen Dawkins, and his team as they lead wrestlers through three days of wrestling techniques.

<b>SCHEDULE:</b>	<b>December 28<sup>th</sup> only:</b> 9:30-10:00 a.m. Check-in and Registration  <b>Daily:</b> 10:00-12:00 pm 12:00-1:00 pm (lunch break) 1:00-3:00 pm
<b>PLACE:</b>	University of Alberta Wrestling Room
<b>COST:</b>	\$100/wrestler
<b>WHAT TO BRING:</b>	*Running shoes *Wrestling Gear (incl. mouthguard) *Water bottle *Bagged Lunch
<b>TO REGISTER:</b>	Register online <a href="https://www.activityreg.ualberta.ca/Activities/ActivitiesAdvSearch.asp">https://www.activityreg.ualberta.ca/Activities/ActivitiesAdvSearch.asp</a> Barcode = 39119
<b>DEADLINE:</b>	Register by December 27, 2017
<b>INFO:</b>	For more info, email <a href="mailto:bearsrestlingclubab@gmail.com">bearsrestlingclubab@gmail.com</a>





# UNIVERSITY OF ALBERTA GREEN & GOLD SPORT SYSTEM

## INFORMED CONSENT AGREEMENT – UNDER 18 YOUTH PROGRAMS

COURSE CODE: 39080 (Form valid for programs during 2018 calendar year)

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Participant Full Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Parent/Guardian Full Name: \_\_\_\_\_

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Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone No: \_\_\_\_\_

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Email: \_\_\_\_\_ Program Name and Barcode Number: \_\_\_\_\_

### DISCLAIMER CLAUSE

The University of Alberta, the Faculty of Physical Education and Recreation, the Governors of the University of Alberta and their officers, directors, agents, contractors, employees, coaches, instructors, trainers, volunteers, members and representatives (all hereafter collectively referred to as “the University”), are not responsible for any participant’s death, injury, loss or damage of any kind sustained by any person while registered as a participant of Green & Gold Sport System programming except to the extent that such injury, loss or damage was caused by the negligence of the University.

### DESCRIPTION OF ACTIVITIES

The following are activities that your child may participate in during our programming:

- Team Sports: Basketball, Curling, Football, Handball, Hockey, Rugby, Soccer, Softball, Ultimate Disc, and Volleyball.
- Individual Sports: Climbing, Golf, Rowing, Swimming, Tennis, Track and Field, Triathlon and Wrestling.
- AIM Training: Fundamental Movement Skills, Agility, Balance, Coordination, Speed, Strength, Endurance, Flexibility.
- Fitness Instruction: Stability, Strength, Plyometrics, Flexibility, Cardiovascular Training.
- Cooperative Games: Locomotor, Object Manipulation, Body Skills.

### ASSUMPTION OF RISKS

In consideration of my child’s participation in Green & Gold Sport System programming and all related activities, I and my child acknowledge that we are aware of, appreciate and accept the inherent physical risks and the other possible risks, dangers and hazards associated with being a participant, including the possible risk of severe or fatal injury to my child or others. By initialing (at the right, and signing below), I acknowledge that I have read and understand this agreement. These risks include, but are not limited to:

- a) All manner of injuries resulting in muscular injuries and soft tissue injuries including bruises, scrapes, cuts, etc, from executing strenuous and physically demanding physical techniques, collisions with the wall, floor, uneven playing surfaces, contact with other participants (including spotters whose role is to enhance safety and learning) and failure in proper use of equipment either by my child, or other participants of the University;
- b) All manner of injuries resulting from the mechanical failure of apparatus/equipment;
- c) All manner of injuries resulting in dislocations, concussion, hematomas, whiplash, contusions, sprains, pulled or strained muscles, knee injuries, and broken bones;
- d) Transmission of diseases through contact with University staff or other participants resulting in death, disease or other illnesses;
- e) All manner of head, neck, spinal, facial, eye, nose and/or dental injuries;
- f) All manner of injuries resulting from heat cramps, and heat stroke during hot summer days;
- g) All manner of injuries and/or death that may result from transition between facilities;
- h) That my child’s risk of injury increases as they become fatigued.

Initials: \_\_\_\_\_

**CLIMBING PROGRAMS** (please initial even if you are not registered in Climbing programs)

- Risks include rope abrasion, entanglement and other injuries including death, resulting from activities such as climbing, belaying, rappelling, rescue systems and any other rope techniques.

Initials: \_\_\_\_\_

**SWIMMING PROGRAMS** (please initial even if you are not registered in Swimming programs)

- Risks include falls on deck causing bruises, scrapes, cuts, broken bones, or concussion.
- A risk of submersion increases as my child becomes fatigued.

Initials: \_\_\_\_\_

**ACKNOWLEDGEMENT OF RESPONSIBILITIES**

The parent/guardian and the participant understand and acknowledge the following:

- To follow all the instructions and rules given by those responsible for or in charge of the registered Camp or Program and all related activities while my child is a participant and participating in the registered Camp or Program. I understand and accept that the instructions and rules are in place to provide a safe environment for the Camp or Program.
- To obey all the rules and regulations pertaining to the registered Camp or Program.

Initials: \_\_\_\_\_

**CONDITIONS OF REGISTRATION**

The parent/guardian and the participant understand and acknowledge the following:

- That the participant sees a licensed medical practitioner on a regular basis and to the best of my/our knowledge is physically and mentally able to participate in all activities associated with the registered program.
- That the participant will wear full protective equipment demanded by the sport and that the equipment brought to the camp with him/her meets or exceeds all minimal CSA or Sport governing body standards;
- Should the participant be injured during the registered program, I/we give permission for University of Alberta staff to provide emergency medical treatment.

Initials: \_\_\_\_\_

**CONSENT TO BE CONTACTED FOR FUTURE RESEARCH**

An important mandate of the University of Alberta and the Faculty of Physical Education and Recreation is research. As a participant in the Green & Gold Sport System, the Faculty will be collecting and compiling data for the purposes of providing feedback to the participants on their progress. The data will not be used for research without the consent of the participants. I hereby give my consent for my contact information to be provided to researchers for the purposes of being offered an opportunity to participate in a research study. I am aware that I will have an opportunity to either provide or withhold consent should I be contacted.

Initials: \_\_\_\_\_

I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD THIS AGREEMENT, that I understand, appreciate and accept the risks associated with my child's participation in Green & Gold Sport System programming and all related activities at the University of Alberta. As the parent / guardian for the participant, I consent for my child's participation in Green & Gold Sport System programming and all related activities.

\_\_\_\_\_  
Name of Parent/Guardian:

\_\_\_\_\_  
Signature of Parent/Guardian:

\_\_\_\_\_  
Date Signed:

\_\_\_\_\_  
Name of Witness:

\_\_\_\_\_  
Signature of Witness (not a family member):

\_\_\_\_\_  
Witness Phone Number:

\_\_\_\_\_  
Date Signed:

The personal information requested on this form is collected under the authority of section 33(C) of The Alberta Freedom Of Information And Protection Of Privacy Act for the purpose of administering Green & Gold Sport System programming offered by the Faculty of Physical Education and Recreation. Questions concerning the collection, use or disposal of this information should be directed to: Green & Gold Sport System, Saville Community Sports Centre, University of Alberta, Edmonton, AB, T6G 2E1. The witness information is being collected to verify the validity of the person who is signing as a witness to this document. Signed documents must be filed by the University and kept for a minimum of seven years.