



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

PARTICIPANT INFORMATION

Name of Participant: _____ Birthdate: _____

Start date(s) of classes: _____

Participant's cell phone number: _____

ACKNOWLEDGEMENT AND ACCEPTANCE OF RISK, AND CONSENT

I have reviewed the description of the Birdie Boppers Badminton programs and feel that I have sufficiently informed myself about the nature of the classes and the activities involved. I acknowledge that there are risks, dangers, and hazards associated with my child's participation in the program including, but not limited to: impact and collision with other players, instructors, or spectators; impact with objects or equipment used in connection with playing badminton; contraction of a contagious disease including, but not limited to, COVID-19; 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 staff.

Participants are expected to be respectful and considerate towards other participants, staff including all instructors, and volunteers. Participants are expected and required to follow the directions of all instructors, to stay in close proximity during the program and not leave without consent and informing program 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, staff may require the participant to withdraw from the remainder of the program, without reimbursement of any class fees. I confirm that I have discussed these rules and expectations with my child.

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

Printed Name of Parent/ Legal Guardian: _____ Signature: _____

Date: _____

MEDICAL EMERGENCIES

In the event of an accident, injury or illness involving the registrant, and immediate contact by staff with a designated contact cannot be made, I hereby authorize and grant permission to Birdie Bopper staff to secure proper medical treatment and authorize on the registrant's behalf all procedures, including, without limitation, admission to an emergency unit, hospital and treatment therein, ordering of x-rays, tests or treatment, injections, anesthesia and/or surgery, as deemed necessary by the attending medical professional(s).

I agree not to hold Birdie Bopper Inc. or staff responsible for any costs or injury arising out of an emergency situation.

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

Printed Name of Parent/ Legal Guardian: _____ Signature: _____

Please provide a signed copy of this form to the Birdie Boppers office before the first day of class.
Please note a separate consent form must be submitted for each program a youth participant registers for.

A digital copy of this consent form will be provided during the online registration process.

info@birdieboppers.ca

www.birdieboppers.ca