



Club Membership

Player Information

Player Name: _____

Phone Number: _____

Cell Number: _____

Email Address: _____

Preferred Method of Contact: (circle one): Text/Email/Phone

Years Playing: _____ Eastlink Member (Circle One): Yes/No

Shirt Size: _____ Short Size: _____ Jacket Size: _____

Collection of Personal Information (s.33 FOIP Act) Freedom of Information and Protection of Privacy Act (FOIP Act)

The information collected on the Athlete Registration Form is personal information as referred to in the FOIP Act. The Grande Prairie Squash Club (the Club) believes this information is necessary and relates directly to our obligation to provide athletes with a program that meets their needs and the provision of a safe and secure sports environment.

The Club believes that the use of personal information provides a vital, healthy, functioning environment where participation of athletes is encouraged. Information requested to facilitate this goal includes:

- The use of athletes' names, photos and comments, in any Club publication, website, correspondence or other publication;
- The taking of individual, team or club photos or videos for Club purposes;
- The use of athletes' names, addresses, contact information, telephone numbers, for Club related functions.

By signing this form I am authorizing the use of my personal image and information as outlined above. I understand that I am not required to provide this consent should I choose not to do so and that consent may be withdrawn at any time at my written request.

X

Date of signing (mm/dd/yyyy): _____



Code of Conduct

Player Name: _____

The Club endeavors to provide a safe and positive experience while growing the sport in Grande Prairie through grassroots organizing. In order to achieve this, there is an expectation that all club members follow a Code of Conduct that includes the following:

- An understanding of and adherence to the rules of the game (World Squash Federation World Squash Singles Rules 2019) with an emphasis on play that discourages potentially dangerous interactions on court;
- Treat all Club members with dignity and respect, using appropriate language and tone when interacting with them;
- Strive to arrive on-time for Club sanctioned events and earnestly utilize Club provided resources to ensure scheduled matches are not left vacant;
- Win and lose graciously, demonstrating good sportsmanship prior to, during and after Club sanctioned events; and,
- Refrain from behavior that constitutes harassment, including verbal abuse, threats, outbursts, intimidation (verbal or physical), sexual harassment or offensive remarks.

If a Club member is suspected to be in contravention of the Club Code of Conduct, the incident must be reported 24-48 hours after the occurrence and will be investigated by the applicable Club sanctioned event committee with oversight from the Board of Directors (BOD). Potential discipline for breaching the Code of Conduct will vary depending on the severity of the incident and history of disciplinary action for the member in question. Discipline may include, but is not limited to: a verbal warning, written warning, expulsion from the Club sanctioned event or removal from Club membership. Any appeal of the decision must be made within 7-days of the written notice being given to the member in question. Review of the appeal will be conducted and voted on by the Club BOD; the decision from the BOD will be considered final.

By signing this form, I acknowledge, understand, accept and agree to comply with the Grande Prairie Code of Conduct.

X

Date of signing (mm/dd/yyyy):



Accident Waiver and Release of Liability Form

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH THE GRANDE PRAIRIE SQUASH CLUB, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

I certify that I am physically fit, have sufficiently prepared or trained for participation in this activity, and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in this activity.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity in which I may participate, and that it will govern my actions and responsibilities at said activity.

In consideration of my application and permitting me to participate in this activity, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this activity, THE FOLLOWING ENTITIES OR PERSONS: Grande Prairie Squash Club (GPSQC) and/or their directors, officers, employees, volunteers, representatives, and agents, and the activity holders, sponsors, and volunteers;

(B) INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of release or otherwise.

I acknowledge that GPSQC and their directors, officers, volunteers, representatives, and agents are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf. I acknowledge that this activity may involve a test of a person's physical and mental limits and carries with it the potential for death, serious injury, and property loss. The risks include, but are not limited to, those caused by facilities, temperature, weather, condition of participants, equipment, lack of hydration, and actions of other people including, but not limited to, participants, volunteers, monitors, and/or producers of the activity. These risks are not only inherent to participants, but are also present for volunteers. I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity. I understand while participating in this activity, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the activity holders, producers, sponsors, organizers, and assigns. The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

Participant's Signature Date Participant's Name Age
(Please print legibly.)

Parent/Guardian Signature Date
(If under 18 years old, Parent or Guardian must also sign.)

Please submit this signed form to info@gpsquash.com along with confirmation that club membership payment has been sent to payments@gpsquash.com