

I, \_\_\_\_\_ give permission for \_\_\_\_\_  
Parent / Guardian's name child's name

to participate in the **MoreSports I CAN Play Soccer Program** .

**Parents/Guardians, please note:** The volunteer coaches, who facilitate the programs, are adults from the community, sometimes parents and high school students. Signature of

Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

### **PHOTO RELEASE FOR CHILDREN UNDER 18**

As legal guardian of the child indicated in this registration and permission form, I grant to *MoreSports* the right to record or transfer his or her image and/or material to prints, posters, film, or other formats for instructional, promotional, artistic and/or educational purposes.

It is understood that the images produced by *MoreSports* and resulting from the material noted above, is copyright by *MoreSports* and may not be reproduced in whole or part for any purpose without the express permission of *MoreSports*.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Interested in volunteering, as a coach, or assistant coach please contact:

Rajbir Sohal  
rshoal@vsb.bc.ca  
604-713-5884

or

Kris Hildebrand  
Kris.Hildebrand@MoreSports.org  
604-377-1949



Thank you to our community collaborators:

Giving All Kids a Chance to Play!

**[www.moresports.org](http://www.moresports.org)**



### **Come on out and Play Soccer!**

The Canucks Autism Network (CAN) in collaboration with *MoreSports* is offering a unique skills development and sporting activity for kids with autism and their siblings.

*MoreSports* is a low cost, participation-based sports program for school aged children providing fun and non-competitive sport opportunities in their communities.

All sessions take place at:

Gladstone Secondary School - Saturdays 11:30 till 12:30pm  
or

Ray Cam CC - Saturdays 2:00pm till 3:00pm

Giving All Kids a Chance to Play!



**Gr. 1 to 10**

**or ages 6 to 15**

**Choose**

**Gladstone: Saturdays 11:30 to 12:30 pm  
(Coach: Marissa, Kelly)**

**or**

**Ray-Cam: Saturdays 2:00 to 3:00 pm  
(Coach: Nish, Marissa)**

**Program will Run during the School Year  
(with the exception of holidays and special events)**

Fee: \$25.00 for I CAN Play membership for the year

This is a parent/sibling participation program for children with autism and their families – parents or caregivers are expected to be in attendance for all program days of a session

**Space is limited and not all applicants may be accepted**

**Fee includes I CAN Play Soccer T-Shirt**

**Cheque payable to:  
Canucks Autism Network**

Note: Please use one form per player.  
Please Print Clearly.  
Submit completed  
registration & payment

Detach this form for your records



**PLAYER INFORMATION:**

Name of Child: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

T-shirt Size: (Youth Large, Adult Small or Adult Medium): \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: \_\_\_\_\_

Gladstone  Ray-Cam CC

**LEGAL PARENT/GUARDIAN INFORMATION:**

Name: \_\_\_\_\_

First Name

Last Name

Address: \_\_\_\_\_

Phone #: (h) \_\_\_\_\_ (other): \_\_\_\_\_

**ALTERNATE PERSON TO CALL IN CASE OF EMERGENCY:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone#: \_\_\_\_\_

Any medical concerns staff should be aware of (i.e., allergies, injuries, medications)

**EMERGENCY HEALTH INFORMATION**

Family Doctor: \_\_\_\_\_

Phone#: \_\_\_\_\_

Care Card #: \_\_\_\_\_

Birth Date: \_\_\_\_\_

**CONSENT FOR MEDICAL TREATMENT**

It is our policy that we notify a parent when a child is ill or needs medical attention. If we are not able to contact parents or emergency contact provided and need to get immediate help for your child, our procedure is to take the child to the nearest emergency service.

I hereby give consent for my child, when ill, to be taken to the emergency centre by the *MoreSports* staff if I or the emergency contact cannot be reached.

Signature of Parent or Guardian: \_\_\_\_\_