



## SQUAMISH TENNIS CLUB SOCIETY

BC Nonprofit Society | Incorporation No. S0084435

### Parental / Guardian Consent and Acknowledgment of Risk — Minor Form

For participants under 19 years of age. To be completed by a parent or legal guardian.

#### 1. Minor Participant Information

Full Name of Minor

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Date of Birth (DD / MM / YYYY)

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Age

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Address

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Phone

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Relevant Medical Conditions / Allergies / Medications

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#### 2. Parent or Legal Guardian Information

Full Name

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Relationship to Minor

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Phone

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Email

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Alternate Emergency Contact Name & Phone

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### 3. Acknowledgment of Risk

I, the undersigned parent or legal guardian (the "Guardian") of the minor named above (the "Minor"), acknowledge and understand that tennis programs, lessons, clinics, drop-in play, tournaments, social events, and other activities (the "Activities") organized by, sponsored by, or held under the name of the Squamish Tennis Club Society ("STCS") involve inherent risks, including but not limited to:

- Slips, trips, and falls
- Being struck by tennis balls, racquets, or other equipment
- Collisions with other participants, fixtures, or surroundings
- Strains, sprains, fractures, and other musculoskeletal injuries
- Heat, cold, sun, and environmental hazards
- Pre-existing medical conditions aggravated by physical activity
- Travel to and from Activity locations
- I acknowledge that I have explained these risks to the Minor in an age-appropriate manner, and I consent to the Minor participating in the Activities with full knowledge of these risks.

### 4. Consent to Participate

I give my consent for the Minor to participate in the Activities organized by STCS. I confirm that the Minor is in good physical health and is capable of participating safely in tennis Activities, except as disclosed above.

### 5. Medical Authorization

In the event of injury or medical emergency, and where I cannot be contacted in time, I authorize STCS officials, coaches, or volunteers to seek and consent to such medical or surgical treatment for the Minor as may be reasonably necessary, at my expense. I confirm the Minor is covered by valid provincial medical insurance (BC MSP) or equivalent.

**BC Personal Health Number (PHN) or equivalent**

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### 6. Acknowledgment of Code of Conduct and Safe Sport Policy

I have received, read, and agree to the STCS Code of Conduct, Anti-Harassment & Safe Sport Policy. I will support the Minor in following the policy. I understand that:

- All STCS coaches, officials, and adult volunteers working with minors are subject to a Criminal Record Check through the BC Criminal Records Review Program
- STCS follows a "Rule of Two" approach where coaches are not alone with minors wherever reasonably possible
- Coaches will not communicate privately with the Minor via direct message, private text, or private email — communications will be group-based or copied to a parent or guardian
- I can report any concern to [president@squamishtennis.ca](mailto:president@squamishtennis.ca), [secretary@squamishtennis.ca](mailto:secretary@squamishtennis.ca), or vice [president@squamishtennis.ca](mailto:president@squamishtennis.ca)
- In any case of suspected child abuse, a report may be made directly to the Ministry of Children and Family Development (1-800-663-9122) and/or the RCMP, as required by law



### 7. Photo and Media Release

I consent to STCS photographing or recording the Minor’s image at Activities, and to STCS using such images for the Society’s website, social media, newsletters, publicity, and promotional materials, without compensation. The Minor’s full name will NOT be published alongside their image without my separate written consent. If I do NOT consent to any photo or media use, I will initial here: \_\_\_\_\_

### 8. Acknowledgment of Risk and Parental Consent

**I acknowledge that I have read and understood this entire form. I am the parent or legal guardian of the Minor named above and I have the legal authority to sign this form on the Minor’s behalf. I sign this form freely and voluntarily.**

*NOTE: Under British Columbia law, a parent or guardian cannot waive a minor’s right to sue for personal injury. This form is an acknowledgment of risk, consent to participate, and consent to STCS’s policies. It is not a waiver of the Minor’s legal rights.*

\_\_\_\_\_  
Parent / Legal Guardian Signature

**Print Name**

\_\_\_\_\_

**Date**

\_\_\_\_\_

### STCS Internal Use Only

<b>Date Received</b>	
<b>Program / Activity</b>	
<b>Received By (Print Name)</b>	
<b>Signature</b>	
<b>Filed In</b>	Membership / Drop-In / Program Registration

*This template is not legal advice.*