

**PART A: MEMBER INFORMATION**

Member First Name	Member Last Name	Birth Date MM/DD/YY	Gender
Address	Apt/Unit #	Postal Code	City
Email	Cell Phone	Home Phone	
Grade			
Sports Currently Playing			
Fan Experience (Check all that apply)			
Toronto Raptors Fan?	Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/>		
Toronto Maple Leaf Fan?	Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/>		
Toronto FC Fan?	Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/>		
Reason for Being Here Sport <input type="checkbox"/> Mental Wellness Support <input type="checkbox"/> Academic Support <input type="checkbox"/> Employment Support <input type="checkbox"/> Other: _____			
How Did You Hear About MLSE Launchpad? Community Agency <input type="checkbox"/> Family <input type="checkbox"/> Friends <input type="checkbox"/> Internet <input type="checkbox"/> School <input type="checkbox"/> TCHC <input type="checkbox"/> Other: _____			

PART B: EMERGENCY CONTACT INFORMATION

<u>Emergency Contact 1</u>			
First Name	Last Name	Cell Phone #	Relationship
<u>Emergency Contact 2</u>			
First Name	Last Name	Cell Phone #	Relationship



PART C: MEDICAL

ALLERGIES

Plants _____ Animals _____ Food _____ Molds _____ Drugs _____ Bees _____ Other _____

Please describe the allergic reaction and the treatment for **each** checked allergy

MEDICATION

Do you take any medication? Yes _____ No _____

If yes, name of medication/reason:

Will medication be needed at MLSE LaunchPad Yes _____ No _____

**MLSE LAUNCHPAD – RELEASE AND ASSUMPTION OF RISK AGREEMENT****ALL PARTICIPANTS MUST PRESENT SIGNED WAIVER PRIOR TO PARTICIPATING IN PROGRAMS AT MLSE LAUNCHPAD**

I, _____ (*please print*) (the “Participant”) in consideration of the opportunity to participate in programs, events, training, games or activities (each, a “Program”) at **MLSE LAUNCHPAD** in Toronto, Ontario (“Launchpad”), for myself and my heirs, personal representatives, estate, insurers and assigns, hereby irrevocably and unconditionally:

1. represent and warrant that I am in good health and physical condition and can participate in the Program, and acknowledge and understand that participation in or attendance at the Program involves certain risks and dangers of accidents, serious personal and bodily injury, including death, and property loss or damage either specifically as a result of participation in the Program or generally in connection with my attendance or participation in the Program or related transportation. I understand, have considered and evaluated the nature, scope, and extent of the risks involved, and I voluntarily and freely choose to assume these risks and to submit this Release and Assumption of Risk Agreement (the “Waiver”);

2. fully and forever release, discharge and indemnify Launchpad, MLSE Foundation, Maple Leaf Sports & Entertainment Partnership (“MLSE”), Toronto Community Housing Corporation, Launchpad’s program partners, sponsors, funders and donors (“Partners”), and each of their parent companies, affiliates, subsidiaries, directors, officers, employees, agents, insurers, assigns and successors, together with all Program directors, volunteers, staff, coaches, training and medical personnel (collectively, the “Released Parties”) of and from any and all causes of action, lawsuits, losses, damages, injuries (including death) howsoever occurring, whether by negligence or otherwise, claims, demands, sums, costs, expenses (including legal fees), and any other liability of any kind, of or to me or any other person, arising out of or in connection with the Program, including, without limitation, my participation in the Program or transportation related to the Program;

3. agree not to initiate any lawsuit, court action or other legal proceeding against the Released Parties, nor join or assist in the prosecution of any claim for money damages, which anyone may have, on account of loss, damage or injury sustained by me or others howsoever occurring, whether by negligence or otherwise, in connection with the Program and I waive any right to do so. This means that I cannot sue or hold the Released Parties responsible for any loss, damage, or injury that I may experience related to the Program or transportation related to the Program;

4. waive my insurers’ right to make a claim against the Released Parties based on insurance payments made to me or on my behalf for any reason. This means my insurers have no right of subrogation;

5. agree to hold harmless, indemnify and reimburse the Released Parties from and for any sums, costs, or expenses (including legal fees) incurred or suffered by any of the Released Parties or paid by them to any person (including me or my insurers) in connection with any accident, loss, damage, or injuries (including death), howsoever occurring, whether by negligence or otherwise, claims, demands, lawsuits, expenses and any other liability of any kind, sustained by me or others in connection with my participation in the Program. This means that I will reimburse the Released Parties if anyone makes a claim against them based on damages or injuries that I suffer;

6. understand that the Released Parties do not provide any insurance, whether life, medical or liability, for any illness, accident, injury, loss, or damage that may arise in connection with my participation in and attendance at the Program. If I want insurance, I must obtain my own. I will pay my own medical emergency expenses and all subsequent medical expenses in the event of any illness, accident, or injury in connection with the Program;



Membership Number:

7. acknowledge that if any portion of this Waiver is held to be invalid or unenforceable, all other provisions shall nevertheless continue to be valid and enforceable. This Waiver supersedes any oral or written statements made by or to me or the Participant in connection with the Program. I understand that I cannot terminate, cancel or revoke this Waiver for any reason;

8. agree that, in the event that I cannot be reached in a medical emergency, I hereby authorize and permit Program or Launchpad personnel to administer first aid to the Participant, and to authorize such other medical treatment and transportation as may be recommended by physicians, paramedics, and other medical personnel, in the event of any illness, accident or injury to the Participant;

9. give and grant perpetually to Launchpad and its affiliates, donors, licensees, employees, agents and Partners the irrevocable right (including, without limitation, all now and hereafter existing common law, statutory and moral rights) to use the name, address, photograph, image and likeness, and voice of the Participant (the "Attributes") for publicity purposes, commercial or otherwise, in any media without compensation or further notification including, without limitation, the perpetual and unlimited right to reproduce any materials produced by Launchpad incorporating the Attributes, and the complete and unencumbered right throughout the world, to exhibit, record, reproduce, broadcast, transmit, publish, sell, distribute, perform and use for any purpose, in any manner, by any means and in any medium, all or any part of the matter and things referred to in this paragraph. I acknowledge that I shall not have any right, title or interest in or to any materials produced hereunder incorporating the Attributes;

10. further agree that this document is governed by the laws of Ontario and operates to the benefit of the Released Parties as well as their administrators, successors and assigns, and is binding on me and my heirs, administrators, successors, assigns, insurers and estate.

11. Please read each statement and the corresponding documents and check each box in agreement of your acceptance.

Code of Conduct

I have read the code of conduct

Email Communication

Canada's Anti-Spam legislation (CASL) came into effect July 1, 2014. CASL requires that we obtain your consent to begin/continue to send you electronic communications.

I consent to receive information regarding program registration & upcoming programs/events from MLSE LaunchPad via email

I do not wish to receive information regarding program registration & upcoming programs/events from MLSE LaunchPad via email

I HAVE READ THIS WAIVER CAREFULLY. I FULLY UNDERSTAND ITS CONTENT, AND VOLUNTARILY AGREE TO ITS TERMS. BY SIGNING THIS WAIVER, I UNDERSTAND THAT I, ON BEHALF OF MYSELF AND THE PARTICIPANT, AM WAIVING CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE.

Signature: _____

Name: _____

Date: _____



MLSE LAUNCHPAD CODE OF CONDUCT

The staff of MSLE LaunchPad is committed to providing a safe and enjoyable experience for all members. However, members are also responsible to assist in these efforts. **Parents are responsible to make sure their child understands the guidelines below.** You must review this code of conduct.

BEHAVIOUR

1. Members must respect each other.
2. Members will not tease or bully each other for any reason.
3. Members must respect others and their property. Members will refrain from touching others in any harmful or inappropriate way.
4. Members will not use foul or offensive language.
5. Members will follow directions the first time they are given.
6. Members must listen to their instructor and/or visiting instructors.
7. Members must respect and protect MLSE LaunchPad property.

SAFETY

8. Members will sign-in and sign-out with the staff each time they visit MLSE LaunchPad.
9. Members will adhere to all safety rules and regulations

GENERAL

10. Members are expected to wear appropriate clothing, including non-marking footwear that is closed-toe/closed-heel.
11. Members must inform staff if they are experiencing a problem with another member or guest. If we are not informed, we cannot help to solve the issue.
12. Members will attend registered programs regularly or will be removed for the program roster.

I have read the above MLSE LaunchPad Member Code of Conduct. I agree to adhere to all the above to ensure that my program experience as well as other members' in attendance at MLSE LaunchPad is a positive one. **I understand that failure to adhere to these rules may result in my dismissal from the program and facility.**

Member Signature:	Date:
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I understand and certify that my child's participation at MLSE LaunchPad and its activities/programs is completely voluntary. I have familiarized myself with the programs and the activities in which my child will be participating. I recognize and have instructed my child in the important of knowing and abiding by the members' Code of Conduct for safety of all members.

Parent Signature:	Date:
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