BCHS Unified Jamboree

Registration Form

**Date**: Tuesday, April 16, 2019

**Time**: 10:00 am to 2:00 pm

**Location**: Bert Church High School (1010 E Lake Blvd, Airdrie) and Genesis Place (beside BCHS)

**Cost**: Free

**Registration Deadline**: Monday, April 1, 2019

**E-mail completed registration forms to shanna@asaa.ca**

For more information on this event, please refer to the Information Package on the [ASAA website](https://www.asaa.ca/sport-info/special-olympics-unified-sports).

Photo/Video Consent**:** The school has obtained the written consent of parents and guardians to allow the Alberta Schools’ Athletic Association (ASAA) and Special Olympics Alberta (SOA) to use or publish pictures or videos of the students’ participation in ASAA and SOA activities. This includes, but is not limited to, use for the promotion of Unified Sports, a division of SOA, via photos and videos on social media, collecting photos and videos as stock images for future use, and photos and video collected and published by the media to cover the event. If a student does not have photo/video consent, please have the student step out of large group photos and team photos taken by the event photographer.

**Check or type an “x” into the box on the row of the students’ name to indicate that consent has been obtained.**

Food Allergies**:** Lunch will be provided free of charge at this event for anyone listed on the registration form. Please indicate if any participants have food allergies. Although efforts will be made to accommodate all allergies, participants may wish to bring their own lunch if allergies are severe.

**School Name:**

**Main Contact:**

**Main Contact Ph #:**

**Main Contact E-mail:**

# UNIFIED BASKETBALL REGISTRATION

## Unified Basketball Coaches:

Mandatory: one head coach and the contact information for that coach. Contact information for assistant coaches is optional.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Full Name** | **Phone Number** | **E-mail Address** | **Food Allergies** |
| **Head Coach** |  |  |  |  |
| **Assistant Coaches** |  |  |  |  |
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Unified Basketball Teams:

**Minimum four athletes and two partners per team**. Please add extra rows to the table below if you are registering more than the minimum required for each team.

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| --- |
| **Team Name:**  |
|  | **Full Name** | **Grade** | **Photo/Media Consent** | **Food allergies** |
| **Athletes** |  |  |  |  |
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|  |  |  |  |
| **Partners** |  |  |  |  |
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| --- |
| **Team Name:**  |
|  | **Full Name** | **Grade** | **Photo/Media Consent** | **Food allergies** |
| **Athletes** |  |  |  |  |
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|  |  |  |  |
|  |  |  |  |
| **Partners** |  |  |  |  |
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| --- |
| **Team Name:**  |
|  | **Full Name** | **Grade** | **Photo/Media Consent** | **Food allergies** |
| **Athletes** |  |  |  |  |
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|  |  |  |  |
|  |  |  |  |
| **Partners** |  |  |  |  |
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| --- |
| **Team Name:**  |
|  | **Full Name** | **Grade** | **Photo/Media Consent** | **Food allergies** |
| **Athletes** |  |  |  |  |
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|  |  |  |  |
| **Partners** |  |  |  |  |
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# UNIFIED BOCCE AND BEAN BAG TOSS (BBT) REGISTRATION

## Unified Bocce and BBT Coaches:

Mandatory: one head coach and the contact information for that coach. Contact information for assistant coaches is optional.

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| --- | --- | --- | --- | --- |
|  | **Full Name** | **Phone Number** | **E-mail Address** | **Food Allergies** |
| **Head Coach** |  |  |  |  |
| **Assistant Coaches** |  |  |  |  |
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## Unified Bocce and BBT Teams:

Two athletes and two partners per team. All teams will play both Unified Bocce and Unified BBT.

For each team, please indicate whether they will be entering the Competitive or Recreational division.

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| **Team Name:**  |
| **Choose one: Competitive or Recreational** |
|  | **Full Name** | **Grade** | **Photo/Media Consent** | **Food allergies** |
| **Athletes** |  |  |  |  |
|  |  |  |  |
| **Partners** |  |  |  |  |
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|  |
| --- |
| **Team Name:**  |
| **Choose one: Competitive or Recreational** |
|  | **Full Name** | **Grade** | **Photo/Media Consent** | **Food allergies** |
| **Athletes** |  |  |  |  |
|  |  |  |  |
| **Partners** |  |  |  |  |
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|  |
| --- |
| **Team Name:**  |
| **Choose one: Competitive or Recreational** |
|  | **Full Name** | **Grade** | **Photo/Media Consent** | **Food allergies** |
| **Athletes** |  |  |  |  |
|  |  |  |  |
| **Partners** |  |  |  |  |
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|  |
| --- |
| **Team Name:**  |
| **Choose one: Competitive or Recreational** |
|  | **Full Name** | **Grade** | **Photo/Media Consent** | **Food allergies** |
| **Athletes** |  |  |  |  |
|  |  |  |  |
| **Partners** |  |  |  |  |
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