

The undersigned, being the natural parent or guardian of

_____, a minor, hereby grants to

_____, as Custodian, the following authority over said child:

1. To have custody of the minor during St Albert Pickleball Club (SAPC) events, and travel to and from said event.
2. To discipline said minor in a reasonable manner as discussed previously.
3. To authorize any and all emergency medical treatment that is deemed necessary or advisable for any injury or illness while the minor is in their custody.

The custodian agrees to use all reasonable means and follow the SAPC Junior Policies to protect the child from physical, emotional and sexual abuse or harm while in their custody, and to make reasonable effort to reach the undersigned in the event of an emergency.

Both the parent or guardian and the Custodian of the minor agree not to hold the St Albert Pickleball Club responsible if the Custodian did not use all reasonable means and follow the SAPC Junior Policies to protect the child from physical, emotional and sexual abuse or harm while in their custody.

The parent or guardian can be reached at:

Cell phone: _____

Other phone: _____

Other phone: _____

Signature of the Parent or Guardian.

Printed Name:

Signature of the Child's Custodian

Printed Name:

Approved and filed by:

Signature of the SAPC Membership Director

Printed Name:

NOTE: This form is not valid unless signed by the SAPC representative.