



## 2025 Coach-in-Training Application Form

### **CIT:**

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

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

Last Camp Attended: \_\_\_\_\_

Email (to be used as the primary form of communication): \_\_\_\_\_

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

Birthdate: Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

### **Guardian 1:**

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

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

Home Telephone: ( ) \_\_\_\_\_

Cell # ( ) \_\_\_\_\_

Email: \_\_\_\_\_

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

City: \_\_\_\_\_

Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

### **Guardian 2 / Secondary Emergency Contact:**

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

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

Home Telephone ( ) \_\_\_\_\_

Cell # ( ) \_\_\_\_\_

Email: \_\_\_\_\_

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

City: \_\_\_\_\_

Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

### **CIT Medical Information:**

*Please select any allergies you may have:*

Epi Pen Needed \_\_\_\_\_

Bee Sting \_\_\_\_\_

Insect Bites \_\_\_\_\_

Animals \_\_\_\_\_

Foods \_\_\_\_\_

Drugs \_\_\_\_\_

Penicillin \_\_\_\_\_

Others \_\_\_\_\_

*List any treatments or medications to be given at camp:*

| Medication Name | Dosage | Administration Times |
|-----------------|--------|----------------------|
|                 |        |                      |
|                 |        |                      |

All medications must be clearly labeled in their original container with written instructions.

*Special Notes (general requests, dietary restrictions, other medical/psychological concerns):*

*Attach other pages if more room required*

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## Programs

Check Desired Week(s) Below

|   | Week  |       |       |       |       |       |       |       |
|---|-------|-------|-------|-------|-------|-------|-------|-------|
| Toronto                                     | 1 & 2 | 2 & 3 | 3 & 4 | 4 & 5 | 5 & 6 | 6 & 7 | 7 & 8 | 8 & 9 |
| <b>Glenview Senior Public School</b>        |       |       |       |       |       |       |       |       |
| Kids Camp                                   |       |       |       |       |       |       | N/A   | N/A   |
| Baseball at Glenview                        |       |       |       |       |       |       | N/A   | N/A   |
| Basketball                                  |       |       |       |       |       |       | N/A   | N/A   |
| Multi-Sport                                 |       |       |       |       |       |       | N/A   | N/A   |
| <b>Memorial Park</b>                        |       |       |       |       |       |       |       |       |
| Flag Football                               |       |       |       |       |       |       |       | N/A   |
| Baseball at Memorial                        |       |       |       |       |       |       |       |       |
| Soccer                                      |       |       |       |       |       |       |       | N/A   |
| Multi-Sport                                 | N/A   | N/A   | N/A   | N/A   | N/A   | N/A   |       |       |
| <b>Bond Park</b>                            |       |       |       |       |       |       |       |       |
| Elite Baseball                              |       |       |       |       |       |       |       | N/A   |
| Baseball at Bond Park                       |       |       |       |       |       |       |       | N/A   |
| <b>Bennington Heights Elementary School</b> |       |       |       |       |       |       |       |       |
| Multi-Sport                                 |       |       |       |       |       |       | N/A   | N/A   |

|                              | Week  |       |       |       |       |       |
|------------------------------|-------|-------|-------|-------|-------|-------|
| <b>Etobicoke Multi-Sport</b> | 1 & 2 | 2 & 3 | 3 & 4 | 4 & 5 | 5 & 6 | 6 & 7 |
| West Glen J.S                |       |       |       |       |       |       |

|  | Week  |       |       |       |       |       |       |
|--|-------|-------|-------|-------|-------|-------|-------|
| <b>Oshawa/Whitby Multi-Sport</b>       | 1 & 2 | 2 & 3 | 3 & 4 | 4 & 5 | 5 & 6 | 6 & 7 | 7 & 8 |
| The Yard Multi-Sport Training Facility |       |       |       |       |       |       |       |



| June/July |         |         |         |         |         |
|-----------|---------|---------|---------|---------|---------|
|           | M       | T       | W       | T       | F       |
| Week 1    | June 30 | July 1  | July 2  | July 3  | July 4  |
| Week 2    | July 7  | July 8  | July 9  | July 10 | July 11 |
| Week 3    | July 14 | July 15 | July 16 | July 17 | July 18 |
| Week 4    | July 21 | July 22 | July 23 | July 24 | July 25 |
| Week 5    | July 28 | July 29 | July 30 | July 31 | Aug 1   |

| August |        |        |        |        |        |
|--------|--------|--------|--------|--------|--------|
|        | M      | T      | W      | T      | F      |
| Week 6 | Aug 4  | Aug 5  | Aug 6  | Aug 7  | Aug 8  |
| Week 7 | Aug 11 | Aug 12 | Aug 13 | Aug 14 | Aug 15 |
| Week 8 | Aug 18 | Aug 20 | Aug 21 | Aug 22 |        |
| Week 9 | Aug 25 | Aug 26 | Aug 27 | Aug 28 | Aug 29 |

**\*\*** Please note this is Canada Day and the Civic Holiday and only our Memorial Park and Bond Park camps are running on this date

## Authorization, Release and Acknowledgement Agreement

### The undersigned:

#### Medical Treatment/Emergency

- authorizes North Toronto Baseball Camp and True North Sports Camps (collectively herein referred to as "TNSC"), in the event of an emergency to use its reasonable discretion, on behalf of the Registrant, the Registrant's child(ren) or any associated spectator(s) participating in or attending at one or more of TNSC's current or future programs, to render first aid treatment and/or arrange for emergency medical care (including hospitalization), at the expense of the Registrant; the Registrant understands that TNSC will take every reasonable step to ensure the health and safety of the participating athletes, and that the programming involves demanding physical sports in which injuries might reasonably occur.
- acknowledges that notification, in writing, of any changes to the medical condition of each registered athlete must be received by TNSC prior to the start of the athlete's first camp or clinic session.

#### Release

- releases and indemnifies TNSC and its directors, officers, shareholders, partners, staff, employees, consultants, representatives, predecessors, successors and assigns from any and all claims and liabilities whatsoever arising from participation in or attendance at one or more of TNSC's current or future programs by the Registrant, the Registrant's child(ren) or any associated spectator(s); the Registrant acknowledges that participation in TNSC's programs involves a voluntary assumption of all the risks associated with the sports and games being played.

#### Affiliations

- understands that TNSC is in no way affiliated, associated or in any other way connected or related to the North Toronto Baseball Association, the Toronto District School Board, Toronto Parks, Forestry and Recreation, the City of Toronto, Larry Grossman Forest Hill



Memorial Arena, the Leo Baeck Day School, St. Clement's School, Branksome Hall, the City of Markham and the York Catholic District School Board, (the "Unaffiliated Parties"); the Registrant therefore releases and indemnifies the Unaffiliated Parties from any and all claims and liabilities whatsoever arising from participation in or attendance at one or more of TNSC's current or future programs by the Registrant, the Registrant's child(ren) or any associated spectator(s).

*Program Cancellation*

- (e) understand(s) that TNSC reserves the right to terminate the registration of any athlete (including CITs) when it is deemed by them to be in the best interests of the athlete or the camp.
- (f) acknowledge(s) that while TNSC will act reasonably and try to avoid cancelling its programs, TNSC reserves the right to cancel any program at any time.

*Publicity*

- (g) acknowledge(s) and agree(s) to TNSC's Privacy Policy<sup>1</sup> and consents to the collection, use and disclosure of personal information as described in the Privacy Policy.
- (h) acknowledge(s) that TNSC may, from time to time, take photos and/or videos of its programs, including, but not limited to, photos and videos of the participating athletes (including CITs).
- (i) consent(s) to TNSC's use of any photos or video taken by TNSC at any of its programs in any promotion or advertisement for TNSC, including, but not limited to, TNSC's websites, social media platforms and email newsletters.

*Lunch, Snack and Medication*

- (j) understand(s) and agree(s) to provide each registered athlete (including CITs) with daily lunch, drink, snacks (that do not contain nuts of any kind) as applicable depending on the program, and all necessary prescription medications (including, for example, epi-pens), and all relevant supplies that pertain to such medications (i.e., carrying pouch, etc.)

*Severability*

- (k) understand(s) and agree(s) that the provisions of this agreement are severable, separate and distinct and the unenforceability in whole or in part of any provision hereof shall be deemed not to affect or impair the validity or enforceability of any other provision hereof.

\* \* \* \* \*

The undersigned acknowledges that he/she has read, understands and agrees to all of TNSC's policies as outlined herein. The undersigned acknowledges and agrees that TNSC can rely on all representations, acknowledgements and agreements made and information given by the undersigned.

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<sup>1</sup> A copy of the Privacy Policy is available online:

[http://www.truenorthcamps.com/files/True\\_North\\_Sports\\_Camps\\_Privacy\\_Policy.pdf](http://www.truenorthcamps.com/files/True_North_Sports_Camps_Privacy_Policy.pdf)



If only one parent/guardian signs this form, he/she acknowledges that he/she is also acting as agent of the other parent/guardian with authority to enroll the athlete/CIT in the TNSC program and to execute this agreement on his/her behalf and that TNSC may fully rely on his/her authority in connection with all such matters.

\_\_\_\_\_  
Name of Guardian 1

\_\_\_\_\_  
Signature of Guardian 1

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Guardian 2

\_\_\_\_\_  
Signature of Guardian 2

\_\_\_\_\_  
Date