



Summer Sports Camp Registration Form

Name: _____
Last Name First Name Initials

Date of Birth (mm/dd/yyyy): _____ Gender: _____

Home Address: _____
Street Address City Postal Code

MCP: _____

Allergies/Medications/Health Problems: _____

Parent(s)/Guardian(s) Name(s): _____

(H): _____

(H): _____

(W): _____

(W): _____

(C): _____

(C): _____

Email : _____

Email: _____

Waiver

I _____ (parent/guardian) and _____ (2nd parent If applicable), verify that the above information provided above for _____ (child) to be accurate to the best of my knowledge. I have included everything that may cause a problem including ALL medications and conditions.

In the event of a non-life threatening emergency and I cannot be contacted, I hereby give permission to medical personal selected by the camp director to order x-rays, routine test, and treatment for my child. Also, in the event that I can not be reached in an emergency, I herby give permission to a physician selected by the program director to hospitalize, order injections and/or anesthesia and/or surgery for my child.

Parent/Guardian signature

Date



Week	Dates	Register ✓	Cost
1	June 24 to June 28		\$175
2 (Holiday Canada Day)	July 2 to July 5		\$140
3	July 8 to July 12		\$175
4	July 15 to July 19		\$175
5	July 22 to July 26		\$175
6	July 29 to Aug 2		\$175
7 (Holiday Regatta Day)	Aug 5 to Aug 9		\$140
8	Aug 12 to Aug 16		\$175
9	Aug 19 to Aug 23		\$175
10	Aug 26 to Aug 30		\$175

Avalon Sports Camp **Emergency Contact Form**

I _____ give permission for the following individuals to be contacted in the event of an emergency, where an above parent/guardian is unable to be reached.

Name

Contact number

Relation to child/family

1 _____

2 _____

3 _____



Avalon Sports Camp Pick-up and Drop off form

Please fill out all parts of this form.

- I will pick up and drop of my child (ren) each day in person

Please provide a list of any other adults who are allowed to pick up your child from camp

Name	Contact number	Relation to child/family
1 _____		
2 _____		
3 _____		

Parent signature

Date

Camp Times/Group Requests

Drop off time is between 8:00-9:00am and pick up time is between 4:00-5:15pm.
Early drop off is available 7:30-8:00am for an extra fee of \$10/week.

- I require early drop off

Camp groups are created based on age. If your child would like to be in a group with a friend please write their name below:



Avalon Sports Camp

Activity information and permission

Avalon Sports Camp offers many different activities and programs. Your child may be involved in basketball, soccer, rugby, flag football, swimming, nature walks, and outdoor venture etc. Also, Avalon Sports Camp may have day trips to various venues within the city.

As you already know, safety is a major priority while your child is at camp. We have taken every safety precaution to offer these programs to your child but we do realize that accidents happen. As the parent or guardian you have the right to request your child not be involved in a given activity. We would appreciate if the parent(s)/guardian(s) of the child would indicate below if they would like their child to refrain from a given activity.

Campers Name _____ has permission to participate in **ALL** activities and events while at Avalon Sports Camp that are suited for your child’s age and ability.

I **do not** wish to have _____ participate in the following activities listed _____ but my child may participate in activities appropriate for my child’s age and ability.

Please note if a child has been a contact of a case of covid-19 or has recently tested positive for covid-19 please follow the Public Health flow chart to determine when they are able to attend the camp. Please do not attend camp if you have any of the following symptoms: fever (chills, sweats, muscle aches, lightheadedness), cough, headache, sore throat, runny nose, painful swallowing, diarrhea, loss of sense of smell or taste, unexplained loss of appetite or small red or purple spots on hands and/or feet.

Please be aware that camp details may change on short notice.

For Office Use only

Date Received _____	Processed by _____
Form Complete	YES / NO