



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 Canada Day	June 29 to July 3		\$148
2	July 6 to July 10		\$185
3	July 13 to July 17		\$185
4	July 20 to July 24		\$185
5	July 27 to July 31		\$185
6 Regatta Day	Aug 3 to Aug 7		\$148
7	Aug 10 to Aug 14		\$185
8	Aug 17 to Aug 21		\$185
9	Aug 24 to Aug 28		\$185
10	Aug 31 to Sept 4		\$185

Summer 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 _____



Summer 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:



Summer Sports Camp

Activity information and permission

Avalon Activity Centre / Techniplex Summer 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 Activity Centre / Techniplex Summer 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 Summer 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.

To help ensure the health and safety of all campers and staff, we ask that parents/guardians do not send their child to camp if they are experiencing any symptoms of illness. If a child becomes ill while at camp, parents/guardians will be contacted and are expected to arrange pick-up.

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

For Office Use only

Date Received _____	Processed by _____
Form Complete	YES / NO