

CAMP REGISTRATION FORM

Participants Name:	Birth date: DD/MM/YYYY	Sex: __ M __ F
Street Address:	Home Phone #:	
City:	Postal Code:	
Home E-mail address:	Health Card Number (optional):	

Parent/Guardians Name:	Home # _____ Work # _____ Cell # _____ Page # _____
Parent/Guardian Name:	Home # _____ Work # _____ Cell # _____ Page # _____
Emergency Contact Name	Phone # _____
Relationship to Child	Cell # _____

MEDICAL RECORD: Does the participant have any history of allergies, asthma, bone/joint injury, hearing/vision impairment, or any other physical disability? If yes, please explain. _____

Has the participant been previously registered with the PAC? _____ How did you find out about the Pickering Athletic Centre? _____
 If so, when was the last session (year)? _____ Last CANGYM Level badge COMPLETED _____

Amateur Athletic Waiver

In consideration of being allowed to participate at Pickering Athletic Centre with regards to athletic/sports program, related events and activities, the undersigned individual acknowledges, appreciates and agrees that:

As in any sport the possibility of injury exists and while particular rules, equipment and personal discipline may reduce the risk, the risk of injury does exist.

 (Signature of Parent/Guardian)

 (Date)

Permission to Release Information:

(such as an athlete's photograph, in a video, information for local newspaper, promotional purposes, etc)

 (Signature of Parent/Guardian)

 (Date)

Extended Camp	Week	Day	Length of Program	Fee	
				G.O Registration	\$
				Camp Fee	\$
				Extended Hours	\$
Camp Cancellation Policy Cancellation of camp will only be acceptable with 1 month notice and be subject to a \$50.00 administrative charge. A medical note will be required for all other cancellations. Please note the gymnastics Ontario registration fee is non-refundable. I have read and understand the financial obligation and the Club's cancellation policy.				Sub-Total	\$
				TAX	\$
				TOTAL	\$
Signature: _____ Date: _____					
Registered by: _____					
Method of Payment VISA M/C DEBIT CASH CHEQUE Date of Payment:				Monthly/Full Year Payments	\$