



# SUMMER DAY CAMP REGISTRATION FORM

## Elite Multi-sport Instruction for Kids of All Skill Levels

### Camper Information

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Male  Female OHIP#: \_\_\_\_\_

Allergies/ Medical conditions/ Medications: \_\_\_\_\_

### Parent/Guardian Information

Parent/Guardian Name (s): \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Home Tel: \_\_\_\_\_

Mother's Phone: \_\_\_\_\_ Father's Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_

**Please select your top 3 sports in order of preference  
Indicate your 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> choice for each session**

Hockey	Soccer	Baseball
Girls Hockey	Basketball	Dance
AA/AAA Hockey	Lacrosse	Flag Football

Session 1 (July 3-July 13)*	#1 _____	#2 _____	#3 _____
Session 2 (July 16-July 27)	#1 _____	#2 _____	#3 _____
Session 3 (July 30-Aug 10*)	#1 _____	#2 _____	#3 _____
Session 4 (Aug 13-Aug 24)	#1 _____	#2 _____	#3 _____
Session 5 (Aug 27-Aug 31)	#1 _____	#2 _____	#3 _____

\* Camp not in session July 2/07 Canada Day and August 6/07 Simcoe Day. Cost is prorated for these shorter sessions.

### Payment Information

Payment Method:  Visa  MasterCard  Cheque  Cash

Credit Card#: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

**Program Cost: \$785.00 (GST Inc) per regular session X \_\_\_\_\_ Sessions = \$ \_\_\_\_\_**

**\* \$706.51 (GST Inc) per shorter session X \_\_\_\_\_ Sessions = \$ \_\_\_\_\_**

**Lunch Plan Cost: \$35/week (GST Inc) X \_\_\_\_\_ Weeks = \$ \_\_\_\_\_**

**TOTAL COST \$ \_\_\_\_\_**

### Authorization

REGISTRATION IS NOT VALID WITHOUT A COMPLETED & SIGNED WAIVER. The applicant agrees that Jack of Sports Inc., the City of Vaughan and/or its proprietors will not be held responsible for any accident or loss however caused, and it agrees to release the proprietors from all claims or damage which may arise as a result of such accidents or loss. In the event of the inability to contact me, I hereby give you permission to seek out any necessary medical assistance my child may require while attending the program.

By signing below, parents and campers agree to abide by the rules, procedures and financial policies of Jack of Sports.

Parent/Guardian's Name: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_