



2018-2019 WINTER CAMP REGISTRATION FORM

Please drop off form or email to academysportfitness@gmail.com

Participant

Last Name: _____ First Name: _____

Date of Birth: DD_____MM_____YR_____ Age: _____ Sex: M F

Special Needs: _____ Medication/Allergies: _____

OHIP # _____

Check off desired dates

Thursday Dec. 27	Friday Dec. 28	Wednesday Jan. 2	Thursday Jan. 3	Friday Jan. 4

Parent/Guardian

Last Name: _____ First Name: _____

Address: _____ City: _____ Postal: _____

Home Phone: _____ Cell: _____

Email Address: _____

I hereby consent to Academy of Sport and Fitness Inc. using the email address/es I have specified on this application, to be in compliance with the Canadian Anti-Spam Legislation (CASL).

Waiver must be signed in order for your application to be processed.

In consideration of the acceptance of my application and the permission to participate in a program sponsored by the Academy of Sport and Fitness Inc. I hereby waive and forever discharge the Academy of Sport and Fitness Inc. from all claims, damages, costs, and expenses in respect to injury or damage to my person or property, however caused which may result from my participation in the program. I hereby give permission for emergency medical treatment to be administered to my son/daughter, as may be determined reasonable by a medical attendant. It is understood that whenever reasonably possible, relatives will be contacted and informed of the problem, diagnosis, treatment and anticipated medical results.

No Refunds (Program Credit Only)

Make-up days/weeks are not guaranteed but will be provided is space permits. Make-up classes will not carry over to another session must be done within the registered session.

Print Name: _____ Date: _____ Signature : _____

Payment Information: (to be filled by office staff)

Fee(s) _____

Discount _____

Total Amount _____ CHQ # _____ / Visa / MC / Debit