



2019 SUMMER CAMP REGISTRATION FORM

Now accepting registrations on first-come-first-serve basis. Payment due June 1st-15th to secure spot; later registrations based on availability. 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 # _____

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).

Please mark (✓) the desired dates and services:

Week	Full Day	1/2 Day AM	1/2 Day PM	Pre-Care	After-Care
#1 July 2-5 (4 days)					
#2 July 8-12					
#3 July 15-19					
#4 July 22-26					
#5 July 29 – Aug 2					
#6 Aug 6-9 (4 days)					
#7 August 12-16					
#8 August 19-23					
#9 August 26-30					

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.

Cancellation Policy (Camps)

Refund or credit for cancellations of more than 7 days before the program's start day. Credit only for cancellations with less than a 7-day notice. A \$30 non-refundable registration fee (per participant) applied on any cancellation/refund.

Print Name: _____ Date: _____ Signature : _____