



2020 SUMMER CAMP REGISTRATION FORM

Now accepting registrations on first-come-first-serve basis.
Please drop off form or email to academysportfitness@gmail.com

Participant

Last Name: _____ First Name: _____

Date of Birth: DD _____ MM _____ YR _____ Age: _____ Gender: _____

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 | ½ Day AM | ½ Day PM | Pre-Care | After-Care |
|--------------------------|----------|----------|----------|----------|------------|
| #1 Jun 29-Jul 3 (4 days) | | | | | |
| #2 July 6-10 | | | | | |
| #3 July 13-17 | | | | | |
| #4 July 20-24 | | | | | |
| #5 July 27-31 | | | | | |
| #6 August 4-7 (4 days) | | | | | |
| #7 August 10-14 | | | | | |
| #8 August 17-21 | | | | | |
| #9 August 24-28 | | | | | |
| #10 Aug 31- Sept 4 | | | | | |

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 _____

FOR OFFICE USE ONLY

Registration:

GO# _____ Camper Full

DLIST _____

Payments:

| Week | Full Rate | Discount | Total Paid | Payment Info | B/A |
|--------------------------|-----------|----------|------------|---|-----|
| #1 Jun 29-Jul 3 (4 days) | | | | MC/Visa/Debit/CHQ # _____ Invoiced _____ | |
| #2 July 6-10 | | | | MC/Visa/Debit/CHQ # _____ Invoiced _____ | |
| #3 July 13-17 | | | | MC/Visa/Debit/CHQ # _____ Invoiced _____ | |
| #4 July 20-24 | | | | MC/Visa/Debit/CHQ # _____ Invoiced _____ | |
| #5 July 27-31 | | | | MC/Visa/Debit/CHQ # _____ Invoiced _____ | |
| #6 August 4-7 (4 days) | | | | MC/Visa/Debit/CHQ # _____ Invoiced _____ | |
| #7 August 10-14 | | | | MC/Visa/Debit/CHQ # _____ Invoiced _____ | |
| #8 August 17-21 | | | | MC/Visa/Debit/CHQ # _____ Invoiced _____ | |
| #9 August 24-28 | | | | MC/Visa/Debit/CHQ # _____ Invoiced _____ | |
| #10 Aug 31- Sept 4 | | | | MC/Visa/Debit/CHQ # _____ Invoiced _____ | |