

# 2019 SPORTS CAMP REGISTRATION FORM

Player Name:	Date of Birth (MM/DD/YYYY):
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Health Card #:	Gender:
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<b>Level of sport played last season:</b> Hockey: _____ Lacrosse: _____ Golf: _____	<i>How did you hear about us?</i>  <b>T-Shirt Size: Please circle</b> Youth XL   Youth L   Youth M   Youth S   Youth XS
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<b>Parent/Guardian Name:</b> Phone Number: _____ Email: _____	<b>Emergency Contact Information:</b> Name: _____ Phone: _____ Relationship to Player: _____
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**Player Profile – Medical:** To best serve the needs of all players, we require the following information:

☐ Peanut Allergy   ☐ Bee Sting Allergy   ☐ Other Severe Allergy, please indicate: \_\_\_\_\_

Player carries Epi-pen: (Please circle) YES / NO

**Friend/Other Special Requests:** Please list any other special request or needs below:

*(Please note that players are placed into age-specific groups and we will do our best to accommodate your request)*

**Parent/Guardian Authorization:** I hereby approve my child's attendance at the 2019 Sports Camp Week and certify that he/she is in good health and able to participate in the program activities. I authorize that the Camp Directors act on my behalf according to their best judgement in any emergency requiring medical attention. All 2019 Sports Camp, its directors and employees shall not be liable, either directly or indirectly, for any claims, or any damages, costs and expenses, including but not limited to personal injury, property damage or lost or stolen property, arising from any or connected with participation in any contemplated by this registration. I hereby waive, release and indemnify 2019 Sports Camp, its directors and employees from and against any such claims. Photographs of players may be taken at any time for our camp newsfeed and advertising purposes.

\_\_\_\_\_  
Signature of Player's Parent/Guardian

\_\_\_\_\_  
Date

## REGISTRATION FEES:

☐ \$400 per player for the week of August 12-16<sup>th</sup>, 2019   ☐ \$200 Second Child   ☐ Paid with Sibling's Registration

Please check if you only wish to attend a single camp:

☐ \$250 Hockey only   ☐ \$250 Lacrosse Only   ☐ \$250 Golf Only

**FORWARD THIS COMPLETED FORM WITH PAYMENT TO CARADOC SANDS GOLF CLUB**

**(Make cheques payable to Caradoc Sands Golf Club)**

**\*\* or send registration by email to \*\***

[denton@caradocsands.ca](mailto:denton@caradocsands.ca)

**etransfer payment to above email**

**Password: sportscamp**