



1050 Squires Beach Road, Pickering, ON L1W-3N8
P: 905-683-7890

CAMP REGISTRATION FORM

Child's Name:	Birth date: DD/MM/YYYY	Sex: __M __F
Street Address:	Home Phone #:	
City:	Postal Code:	
Home E-mail address:	Health Card Number (optional):	

Parent/Guardians Name:	Home # _____ Work # _____ Cell # _____ Page # _____
Parent/Guardian Name:	Home # _____ Work # _____ Cell # _____ Page # _____
Emergency Contact Name	Phone # _____
Relationship to Child	Cell # _____

MEDICAL RECORD: Does the child have any history of allergies, asthma, bone/joint injury, hearing/vision impairment, or any other physical disability? If yes, please explain. _____

Has your child been previously registered with the PAC? _____ How did you find out about the Pickering Athletic Centre? _____
If so, when was the last session (year)? _____ Last CANGYM Level badge COMPLETED _____

Amateur Athletic Waiver

In consideration of being allowed to participate at Pickering Athletic Centre with regards to athletic/sports program, related events and activities, the undersigned individual acknowledges, appreciates and agrees that:
As in any sport the possibility of injury exists and while particular rules, equipment and personal discipline may reduce the risk, the risk of injury does exist

(Signature of Parent) (Date)

Permission to Release Information:

(such as an athlete's photograph, in a video, information for local newspaper, promotional purposes, etc)

(Signature of Parent) (Date)

Extended Camp	Week	Day	Length of Program	Fee	
				G.O Registration	\$
				Camp Fee	\$
				Extended Hours	\$
I have read and understand the Financial Obligation and the Club's Policies. See brochure for full details. Signature: _____ Date: _____ Registered by: _____				Sub-Total	\$
				G.S.T.	\$
				TOTAL	\$
Method of Payment VISA M/C DEBIT CASH CHEQUE Date of Payment:				Monthly/Full Year Payments	\$