



1503 Sandy Beach Road, Pickering, ON L1W 1Z5 · T. 905.839.5260 F. 905.839.5514

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 | \$ |