

EXCEL SPORTS CAMP 2011 REGISTRATION FORM

Please complete one form per camper.

Confirmation will be sent by mail

Please print clearly.

PARTICIPANT: LAST NAME: _____ FIRST NAME: _____

BIRTH DATE: ____/____/____ Male Female
mth day yr

MEDICARE CARD #: _____ Exp. Date: _____

ADDRESS: _____ City: _____ Prov: _____ Postal Code: _____

TEL: Home: (____) _____ Work: (____) _____

Cell: (____) _____

EMERGENCY #: 1st (____) _____ 2nd (____) _____

EMAIL: _____

FATHER'S NAME: _____ MOTHER'S NAME: _____

S.I.N. Please indicate: Mother's Father's _____ (for income tax receipt)

PLEASE CHECK CHOICE OF WEEKS: (√)

WEEK 1 SPORTSMANIA WEEK June 27 – July 1 <input type="checkbox"/>	WEEK 2 MY SPORT CHOICE WEEK July 4 - 8 <u>Choose One:</u> Individual Sports <input type="checkbox"/> Team Sports <input type="checkbox"/>		WEEK 3 SPORTS TRAINING WEEK July 11 - 15 <input type="checkbox"/>
WEEK 4 CLOSED - No Space Remaining	WEEK 5 OLYMPIC WEEK July 25 - 29 <input type="checkbox"/>	WEEK 6 BIKE WEEK August 1 - 5 <input type="checkbox"/>	WEEK 7 ALL SPORTS WEEK August 8 -12 <input type="checkbox"/>

REGISTRATION FEES:

		# ADDITIONAL WEEKS	
One Week	\$210.00		\$
Each Additional Week	\$190.00		\$
Extended hours	\$35.00 per week		\$
Lunch Included	\$35.00 per week		\$
		TOTAL DUE	\$

METHOD OF PAYMENT: Cash Check (Please make checks payable to: Excel Sports Camp)

REFUND POLICY: Full refund minus \$50 administration fee before June 15th. No refunds after June 15th.

HEALTH AND MEDICAL QUESTIONNAIRE:

1. Can your child swim? Yes No _____
2. List allergies or other health problems: _____
3. Will your child be taking medication while at camp? (If yes, please specify.) _____
4. Does your child have any physical or learning difficulties? (If yes, please specify.) _____
5. Should the camp director contact you? Yes No

LIABILITY WAIVER

I, the undersigned, hereby acknowledge my child's voluntary participation in the camp activities of the Excel Sports Camp. I accept that my child's participation in camp activities and events is made in full knowledge of the risks and perils involved. I hereby agree to hold harmless, severally or individually, Excel Sports Camp and its' employees from any and all liability for a prejudice of any kind whatsoever arising from my child's participation in the activities and events of the Excel Sports Camp. With the understanding that the camp will take photos and videos of camp activities, the undersigned authorizes Excel Sports Camp to use such material in full or in part for publicity purposes. **Please Initial** _____

SIGNATURE: _____

Date: _____

Please print form and then mail or fax to the camp office.

Excel Sports Camp – 161 Kirkland Blvd. Kirkland (Que.) H9J 1P1 Tel: 514-684-8956 – FAX: 514-684-9220