



SPORT WESTERN 2017 MARCH BREAK CAMPS Registration Form:

ACCOUNT INFORMATION

Parent (account holder) last name: _____ Date of birth (DD/MM/YYYY): _____

Parent (account holder) first name: _____ Gender: Male Female

Mailing address: _____

City: _____ Province: _____ Postal code: _____

Home phone #: _____ Mobile (cell) #: _____

Work phone #: _____ Email: _____

CAMPER INFORMATION

Child's last name: _____ Child's first name: _____

Date of birth (DD/MM/YYYY): _____ Gender: M F Ontario health card: Yes No

Lifejacket: Yes No T-shirt size: **CHILD /ADULT (circle one)** S M L XL

Allergies or medical concerns: _____ Special needs: _____

Emergency contact person (first & last name): _____

Relationship to child: _____ Emergency contact #: _____

Self-sign-out: Yes (only if camper is 12+) No

Specify **ALL** individuals below who are authorized to sign-out your child from camp (including parents/account holders):

Name (first & last): _____ Relationship to child: _____

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• PHOTO IDENTIFICATION is mandatory during camper sign-out and will be checked daily by our camp counsellors.

CAMP SELECTION (March 13-17,2017)- Please check camp choices:

Full Day (9am-4pm) <input type="checkbox"/> Kin-tastic (12-15 yrs)	Morning 9AM-12PM <input type="checkbox"/> Jr. Art (4-7yrs) <input type="checkbox"/> Jr. Multi-Sport (4-7yrs) <input type="checkbox"/> Jr. Music Factory (4-7 yrs) <input type="checkbox"/> Sr. Cheerleading (8-11 yrs) <input type="checkbox"/> Sr. Science (8-1yrs)	AFTERNOON 1-4PM <input type="checkbox"/> Jr. Dance (4-7 yrs) <input type="checkbox"/> Jr. Kids Zone (4-7 yrs) <input type="checkbox"/> Jr. Science (4-7 yrs) <input type="checkbox"/> Sr. Art (8-11 yrs) <input type="checkbox"/> Sr. Multi-Sport (8-11 yrs) <input type="checkbox"/> Sr. Tennis (8-11 yrs)
Add-Ons <input type="checkbox"/> Early Supervision- \$25 <input type="checkbox"/> Late Supervision - \$25 <input type="checkbox"/> Lunch Plan-\$50		

To see a list of camp offerings during March Break, please visit:
http://www.uwo.ca/sportwestern/camps/march_break_camps.html

I hereby grant my child/children permission to participate in Western University Sport Western program, and authorize Western University to provide or cause to be provided such medical services as the University or medical personnel consider appropriate. Sport Western reserves the right to refuse further participation to any participant for rule infractions. Furthermore, I have reviewed and understand the cancellation and refund policy.

(Signature)

I agree to allow Western Sports and Recreation Services or Western University to reproduce the likeness of my child (photo, video, etc.) in promotional materials or publications.

Yes No

PAYMENT INFORMATION

VISA MASTERCARD CASH
DEBIT CHEQUE

CARD # _____ / _____ / _____ / _____

Expiry (mm/yy) _____ / _____

Cardholder Name: _____

**Campus Recreation • Sport Western •
519.661.2007 • swcamps@uwo.ca**

Mailing Address: Sport Western • Western Student Recreation Centre, Room 2235 • Western University • London, ON N6A 5B9.
The personal information on this form is collected under authority of Western University Act, 1982, as amended and is used to process camp applications and administer summer camp programs. For details or questions about the collection of this information see our privacy statement at westernmustangs.ca.

FOR STAFF USE ONLY:

Date Processed (DD/MM/YYYY): _____ / _____ / _____

Staff Name (Last, First): _____

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