



# SPORT WESTERN (2018) MARCH BREAK: 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  
 Lifejacket:  Yes  No T-shirt Size: CHILD:  S  M  L ADULT:  S  M  L  XL  
 Allergies or medical concerns: \_\_\_\_\_  
 Special needs: \_\_\_\_\_  
 Emergency contact person (first & last name): \_\_\_\_\_  
 Relationship to child: \_\_\_\_\_ Emergency contact #: \_\_\_\_\_

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

Name (first & last): \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
 Name (first & last): \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
 Name (first & last): \_\_\_\_\_ Relationship to child: \_\_\_\_\_

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

## CAMP SELECTION (March 12-16, 2018)–Please check camp choices:

<p><b>All March Day Camps (FULL DAY)</b> 9:00 AM–4:00 PM</p> <p><b>COST: \$250.00</b></p>	<p><b>Junior Mustangs (Ages 4-7)</b> Full Day Camp 9am-4pm</p> <p><input type="radio"/> Active FUN</p> <p>Activities: Multi-Sport, Art, Science, Music, Dance &amp; Kids Zone!</p>	<p><b>Senior Mustangs (Ages 8-11)</b> Full Day Camp 9am-4pm</p> <p><input type="radio"/> Sports-Explore-Educate</p> <p>Activities: Multi-Sport, Art, Science, Mini University &amp; More!</p>	<p><b>PAYMENT INFORMATION</b></p> <p><input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> CASH  <input type="checkbox"/> DEBIT <input type="checkbox"/> CHEQUE</p> <p>CARD # _____ / _____ / _____ / _____        Expiry (mm/yy) _____ / _____        Cardholder Name: _____        (as appears on credit card)</p>
<p><input type="radio"/> Early Supervision 7:30–8:30 AM (\$25) <input type="radio"/> Late Supervision 4:30–5:30 PM (\$25)</p>			<p><b>FOR STAFF USE ONLY:</b></p> <p>Date Processed (DD/MM/YYYY): ____ / ____ / ____        Staff Name (Last, First): _____</p>
<p>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.</p> <p>X: _____        (Signature)</p>		<p>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.</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>	

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

**Mailing Address:** Sport Western • Western Student Recreation Centre, Room 3144 • 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](http://westernmustangs.ca).