



SPORT WESTERN SUMMER CAMP

2018 REGISTRATION FORM

ONE PER CHILD

❖ **MAIN PARENT/ GUARDIAN CONTACT INFO:**

Last Name:	First Name:
Address:	
City:	Postal Code:
Home Phone: ()	Daytime Phone: ()
Email:	

❖ **SECOND PARENT/GUARDIAN CONTACT INFO (OPTIONAL):**

Last Name:	First Name:
Address:	
City:	Postal Code:
Home Phone: ()	Daytime Phone: ()

❖ **CAMPER'S INFO:**

Child's Name:	Birth Date: (MM / DD / Year) / /	Gender: Male / Female / Other
Ontario Health Card: Yes / No	Lifejacket: Yes / No	
T-Shirt Size: Child / Adult S / M / L / XL		

❖ **EMERGENCY CONTACT INFO: (Other than parent or guardian)**

Contact Name:	Phone:	Relationship:

❖ **CAMP SELECTION:**

Jr. / Sr.	AM / PM	Week #	Camp Name:

❖ **ADD-ONS:**

Early Supervision (7:30-8:30am) \$25.00	Yes / No
Late Supervision (4:30-5:30pm) \$25.00	Yes / No
Lunch Plan (\$50.00 per week)	Yes / No

❖ MEDICAL AND EMERGENCY INFORMATION:

List any allergies:	Does your child carry an epi-pen? Yes / No
	Have they been trained in its use? Yes / No
	Will any medications be administered at camp? Yes / No *If yes, please fill out a medication information form

Any medical concerns, special needs or information of which we should be aware?

❖ PICK UP INFORMATION:

Specify ALL individuals who are authorized to sign-out your child from camp (including parent/account holders) ?

1.	2.	3.
4.	5.	6.

Does your child have permission to leave camp on their own? Yes / No

*All participants under the age of 12 MUST be signed-out from camp by an authorized person. You can allow your child permission to sign themselves out at the end of each camp day by circling the "yes" option above **only if they are 12 yrs or older.**

Please note: Photo identification (government ID) is mandatory during camper sign-out and will be checked daily by camp counsellors.

❖ PHOTO RELEASE:

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
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❖ INFORMED CONSENT AGREEMENT

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.

❖ PARENT APPROVAL:

Parent/Guardian Signature:	Date:

By signing and dating the above, you are agreeing to the terms and conditions listed in the informed consent agreement.

❖ PAYMENT INFO:

Total Payment:	Payment Type (circle): VISA MASTERCARD CASH CHEQUE
Card Holder Name:	
Card Number:	
Expiry Date: (mm/yy)	/ Note: We do not require the CCV
Signature:	

Sport Western • uwo.ca/sportwestern • 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.