



2019 Camp Registration Form

Full Name of Camper: _____

Name of Parent/Guardian(s):

Date of Birth (mm/did/yyyy): _____

Health Card Number: _____

Address: _____

City: _____ Prov: _____

Postal Code: _____

Circle Desired Weeks:

- | | |
|------------------|----------------------|
| 1. July 2 to 5 | \$ 212 + hst (4 Day) |
| 2. July 8 to 12 | \$ 265 + hst |
| 3. July 15 to 19 | \$ 265+ hst |
| 4. July 22 to 26 | \$ 265 + hst |

Home Phone: _____ Mobile: _____

Alt Phone: _____ Email: _____

Gender (M/F): _____

Allergies/Special Needs:

Pre Care required (y/n): _____ Post Care required (y/n): _____

- | | |
|---------------------|----------------------|
| 5. July 29 to Aug 2 | \$ 265 + hst |
| 6. Aug 6 to 9 | \$ 212 + hst (4 Day) |
| 7. Aug 12 to 16 | \$ 265 + hst |
| 8. Aug 19 to 23 | \$ 265 + hst |

Waiver: I, the undersigned, do hereby release and agree to save harmless the Thunderbird Sports Centre, TMSI Sports Management and their respective officers, employees and/or agents, from all claims for loss, injury or damage, to persons and property while participating in any chosen activity, which I, or any person claiming through me or on my behalf may at any time have arising out of or connected with the operation of this activity, as well as any transport to and from the said activity.

Full Name of Parent/Guardian

Signature of Parent/Guardian

Date: _____

Payment by Cash, Cheque, Visa, MasterCard, Amex, Interac

Office Use Only

Amount Paid _____ Date Paid _____ Staff Initial ____

Payment Method (circle): Cash Cheque Visa MC Amex Interac

Card #: _____ Expiration _____ Signature of Cardholder _____