



Peterborough Multi-Sport Club Summer Camp Registration

Please print clearly.

Completed form and full payment is required to confirm registration.

MAIN CONTACT Must be 18 years of age or older.

Main Contact Name:

Email Address:

Main Phone: Alternate Phone:

Address:

Town: Province: Ontario Postal Code:

ALTERNATE CONTACT Must be 18 years of age or older and authorized to pick-up your child from camp.

Name:

Main Phone: Alternate Phone:

ALTERNATE CONTACT Must be 18 years of age or older and authorized to pick-up your child from camp.

Name:

Main Phone: Alternate Phone:

CAMPER #1

NAME: Birth Date:

Camp Sampler [] Jul 3 – 7	Fencing/Archery [] Jul 10 – 14 [] Jul 31 – Aug 4	Fencing Advanced [] Jul 17 – 21	Circus Arts [] Jul 24 -28	Jiu Jitsu/Archery [] Aug 14 – 18 [] Aug 21 – 25
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Medical Alerts / Learning Instructions:

CAMPER #2

NAME:

Birth Date:

Camp Sampler	Fencing/Archery	Fencing Advanced	Circus Arts	Jiu Jitsu/Archery
<input type="checkbox"/> Jul 3 – 7	<input type="checkbox"/> Jul 10 – 14 <input type="checkbox"/> Jul 31 – Aug 4	<input type="checkbox"/> Jul 17 – 21	<input type="checkbox"/> Jul 24 -28	<input type="checkbox"/> Aug 14 – 18 <input type="checkbox"/> Aug 21 – 25

Medical Alerts / Learning Instructions:

PAYMENT DETAILS

Method of Payment: Cheque Cash INTERAC E-Transfer

Camper #1		Camper #2		TOTAL PAYABLE
Program	\$	Program	\$	\$
Program	\$	Program	\$	
Program	\$	Program	\$	
SUB-TOTAL:	\$	SUB-TOTAL:	\$	

CONFIDENTIALITY

Personal information on this form is collected with the utmost confidentiality and will be used exclusively by the Peterborough Multi-Sport Club for the sole purpose of program registration, payment and club mailings only.

USE OF IMAGES, NAME IDENTIFICATION

I agree to the use of photos/audio/video that may be taken of my child during program activities by the Peterborough Multi-Sport Club for publicity, promotional and advertising purposes.

MEDICAL AUTHORIZATION

On behalf of yourself and the participants you register for whom in law you are responsible for, you hereby give permission to have staff administer or arrange for any emergency medical care including hospitalization / transportation if necessary, and you hereby consent on behalf of yourself and the participant(s) you register to the administration of such emergency medical treatments as may be deemed necessary in the circumstances. All participants are responsible for their own medical coverage.

WAIVER OF LIABILITY

I agree to release and waive all claims and hereby indemnify and hold harmless the Peterborough Multi-Sport Club and its employees, volunteers and other participants, (the "Indemnified Persons") for any and all liability for any property damage or personal injury resulting to me or to any of the above-named person(s) for whom I am in law responsible, from or connected with participation in any activity contemplated by this Registration. I hereby further agree that the Peterborough Multi-Sport Club and the Indemnified Persons shall not be liable, either directly or indirectly, for any claims, or any damages, costs and expenses respecting any act done in good faith, including but not limited to personal injury, death, property damage or loss resulting from or connected with participation in any activity contemplated by this Registration.

I have read and understood each section above in its entirety.

Signature of Main Contact

Date