



Peterborough Fencing Club

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:

AGE:

SQUIRES / KNIGHTS 6-9 yrs

[] July 11-15

[] July 18-22

[] August 8-12

TRANSITIONS 10-12 yrs

[] July 4-8

[] August 15-19

Medical Alerts / Learning Instructions:

CAMPER #2

NAME:	AGE:
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SQUIRES / KNIGHTS 6-9 yrs	<input type="checkbox"/> July 11-15	<input type="checkbox"/> July 18-22	<input type="checkbox"/> August 8-12
TRANSITIONS 10-12 yrs	<input type="checkbox"/> July 4-8	<input type="checkbox"/> August 15-19	

Medical Alerts / Learning Instructions:

PAYMENT DETAILS

Method of Payment: Cheque INTERAC E-Transfer Note: HST included

Camper #1		Camper #2		TOTAL PAYABLE
Camp Program	\$	Camp Program	\$	\$
Camp Program	\$	Camp 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 communications 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 emerg 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 including the separately provided "Wellness Assessment" document.

Signature of Main Contact

Date