



MEGA SPORTS CAMP VII

Monday July 25 to Friday July 29, 2011
9:30a.m. to 12:45 p.m.

Check applicable box
Child of Volunteer <input type="checkbox"/>
Beeton Bus <input type="checkbox"/>
Everett Bus <input type="checkbox"/>
Restricted Access <input type="checkbox"/>
Health Issue <input type="checkbox"/>

REGISTRATION FORM for (Child's Name) _____

(One form required for each child registered. Form may be photocopied or downloaded from www.apcalliston.org)

Register child in the grade they are going into September 2011:

PeeWees <input type="checkbox"/>	Preschool children accompanied by an adult: play & chat at Alliston Pentecostal Church -play and chat at the church (APC) for preschool aged children accompanied by an adult.	
Atoms: <input type="checkbox"/>	games, crafts & songs for children going into Junior/ Senior Kindergarten or grade 1.	
Road Hockey/Basketball & Cheerleading/Dance:	children going into grades 2 -7 in September 2011.	
Road Hockey/Basketball:	JR Grade 2-4 <input type="checkbox"/>	SR Grade 5-7 <input type="checkbox"/>
Cheerleading/Dance:	JR Grade 2-4 <input type="checkbox"/>	SR Grade 5-7 <input type="checkbox"/>

If possible, place on a team with: _____ (one child only)

Parent/Guardian: _____ **Signature:** _____

Street Address: _____ City/Town: _____ Postal Code: _____

Phone: _____ Cell phone: _____ E-mail: _____

Print names of people authorized to drop-off/pick-up child: (***Must be 18 years of age or older***)

Name: _____	Phone #: _____
Name: _____	Phone #: _____
Name: _____	Phone #: _____

DAY	SIGN IN	SIGN OUT
Monday (25)	_____	_____
Tuesday (26)	_____	_____
Wednesday (27)	_____	_____
Thursday (28)	_____	_____
Friday (29)	_____	_____

Fully Completed Medical Release Form must be submitted with this form.



MEGA SPORTS CAMP VII
JULY 25 - 29, 2011



MEDICAL RELEASE FORM

I, the undersigned parent/guardian, do hereby grant permission for my child, named below, to attend the camp. I acknowledge and understand that my child is assuming the risk of illness or injury by participating in the camp and I hereby hold the camp staff and sponsoring organization(s) as well as its representatives harmless in the exercise of this authority.

In the event of illness or injury:

- I hereby authorize the camp staff to provide first aid treatment, and
- I hereby authorize the camp staff and representatives to refer my child to a medical treatment centre (hospital, clinic, etc) and acknowledge and understand that I will be responsible for any medical expenses that may be incurred on behalf of my child.

Rules will be put in place to ensure the health and safety of your child. Failure to abide by these rules will result in your child being expelled from the Camp.

Signature of Parent/Guardian: _____ **Date:** _____

Are there any restrictions on access to your child that we should be aware of? Yes No:
If yes, please explain in full: _____

The following mandatory information must be provided with your completed registration form.
Please print clearly.

One form must be filled for each child

CHILD'S NAME: _____

HEALTH CARD # _____

PHYSICIAN'S NAME: _____

PHONE #: _____

ALTERNATE EMERGENCY CONTACT PERSON: _____

PHONE NUMBER: _____

PHONE NUMBER: _____

HEALTH INFORMATION: (allergies, learning challenges etc.) _____

