

Warrior Mixed Martial Arts
Summer Day Camp Registration
2019

Camper Name: _____ please PRINT clearly to ensure a tax receipt is mailed

Address: _____

City: _____ **Postal Code:** _____

Home Phone: _____ **Attained age at start of camp:** _____

Birth Date: (MMM/DD/YY) ____/____/____ **Gender:** M F

Email Address: _____ (PRINT clearly please)

Swimming ability/level: poor beginner intermediate excellent (circle)

Lifejacket required in pool? Yes No (*test required*)

Lifejacket required in lake? Yes No (*test required - assumed 'Yes' if not filled out*)

****campers MUST pass the pool swim test with excellence to be eligible for no lifejacket at lake**

T-shirt size: Youth: XS S M L XL Adult M (please circle appropriate size)

Extra T-shirt? (\$17.70 + tax = \$20): Yes No (if yes, please include with deposit)

Bowling Shoe size: _____

Parent/Guardian Name: _____

Address if different: _____

Postal Code: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Parent/Guardian Name: _____

Address if different: _____

Postal Code: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

OHIP Number: _____

Medical Conditions/Allergies/Medication: _____

Medication Sheet Attached? Yes No

Family Doctor Name: _____ **Phone:** _____

**In case of emergency, and parent/guardian cannot be reached, contact the following:
(emergency contacts listed may pick-up child WITHOUT notice from parent/guardian)**

Name: _____ **Relationship:** _____

Home Phone: _____ **Cell:** _____ **Work:** _____

Name: _____ **Relationship:** _____

Home Phone: _____ **Cell:** _____ **Work:** _____

Other Information or Behavioural issues we should know about:

Camp Rates	NOTE: OUR PRICE INCLUDES APPLICABLE TAXES ALREADY
Weeks 1 to 5	\$299 (Includes applicable tax. Free before & after care); discounted no credit card price \$312 with credit card
	FREE Monday pizza lunch! FREE Thursday BBQ lunch! FREE Before & After Care!

*** CAMP is for Ages 4-12. Children must have attended JK as well as be 100% bathroom and changeroom independent**

- * first week of camp includes a FREE camp T-shirt
- * we supply freezies daily as well as a Chuckie Cheese Pizza lunch Monday and a BBQ hot dog lunch on Thursdays (we are NOT able to accommodate special dietary needs)
- * mature and experienced staff as well as a low staff to camper ratio
- * Core Camp Hours: 9:00am – 4:00pm (children should arrive by 9:15am as some trips leave early and we can't wait for late comers). **Before & After camp care is FREE** ; start as early as 7:30am; pick-up as late as 6:00pm (fee applies for children left after 6:00)

A \$70 deposit per week is required. The remaining amount **MUST** be included with registration to hold your spot in the form of postdated cheques dated 1 month prior to camp or paid in full - **no exceptions. The deposit is non-refundable. Camp is non-refundable regardless of reason.** _____(initials) NSF cheques will incur a \$20 fee. Tax receipts will be issued Feb 28.

Registering for:	✓	Office Use:
July 1 st – July 5 th	No camp	No camp
1: July 8 th - July 12 th		
2: July 15 th - July 19 th		
3: July 22 rd - July 26 th		
July 29 th - August 2 rd	No camp	No camp
August 6 th - August 10 th	No camp	No camp
4: August 12 th - August 16 th		
5: August 19 th - August 23 rd		
August 26 th – August 30 th	No camp	No camp

Office Use Only:
 Deposit made (min. \$50 X number of weeks)
 \$ _____
 postdated cheques attached? Yes/No
 total \$ _____

In consideration for my child's attendance and/or participation at the Warrior Mixed Martial Arts Day Camp, I, the undersigned, hereby acknowledge that certain risks of injury are inherent in participation in sports and recreational activities. I agree that Warrior Mixed Martial Arts (Warrior Martial Arts Centre) and its directors, officers, employees, agents, or contractors as well as the directors, officers, employees, agents, or contractors of The NTR (National Training Rink) shall not be liable for any injury to my child or loss or damage to my child's personal property arising from, or in any way resulting from, my child's participation in the program or while being transported to and from activities. I understand that I am responsible for informing Warrior Martial Arts Centre of any medical condition(s) my child has at the time of registration. I have determined that my child is fit and capable of participation in physical and scheduled camp activities. I am aware that Warrior is a 'nut safe' environment, but cannot guarantee the absence of nuts or any other potential allergy item.

I understand my responsibilities for completing a medical information form, if required, and delivering it to Warrior Martial Arts Centre before the camp week in which my child is enrolled. In the event of a medical emergency, and neither parent/guardian or emergency contact(s) can be reached, I hereby give permission to the physician selected by Warrior Martial Arts Centre and its directors, officers, employees or agents to secure proper medical treatment where deemed necessary. I recognize that Warrior Martial Arts Centre has the right to remove any child from the program if he or she cannot conduct themselves appropriately and becomes a serious behavioural problem.

I give my permission to Warrior Martial Arts Centre to publish any Summer Day Camp photographs in which my child appears for publicity purposes and for the private use of the school.

(parent/guardian signature)

Print Name

(date)

NOTE: do not mail registration form; please sign-up in person or call regarding e-transfer