

Warrior Mixed Martial Arts
Summer Day Camp Registration
2023

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 by pool to go without*)

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

Extra T-shirt? (\$23) : 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 **Epipen?** 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	<u>NOTE: OUR PRICE INCLUDES APPLICABLE TAXES ALREADY</u>
Weeks 1 - 4 Sports/Activity camp for AGES 6-12	\$380 per week (<u>includes applicable tax;</u> <u>FREE before & after care (7:45am-5:50pm;</u> discounted no credit card price; \$395 with credit card)
	FREE Monday pizza lunch! FREE Friday HotDog lunch! FREE Before & After Care!

- * **first week of camp includes a FREE camp T-shirt**
- * **we supply a Chuckie Cheese Pizza lunch Monday and a BBQ hot dog lunch on Fridays (we are not able to cater to special dietary needs such as vegetarian)**
- * **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 7:45am; pick-up as late as 5:50pm (fee applies for children left after 5:50pm)**

A \$100 deposit per week is required. The remaining amount **MUST** be included with registration to hold your spot in the form of a postdated cheque dated June 1st 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 17 - July 21		
July 24 - July 28		
August 14 - August 18		
August 21 - August 25		

Office Use Only:

Deposit (min \$100 per week-or **Paid in full**
\$ _____

Postdated cheque attached? Yes/No

Total \$ _____

Waivers signed:

Yes No

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 Pulsars or OF Rock and Chalk 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 at registration. 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

Warrior Mixed Martial Arts
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