

**Warrior Mixed Martial Arts**  
**Summer Day Camp Registration**  
**2024**

**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:**

\_\_\_\_\_  
\_\_\_\_\_

<b>Camp Rates</b>	<b><u>NOTE: OUR PRICE INCLUDES APPLICABLE TAXES ALREADY</u></b>
Weeks 1 - 4 Sports/Activity camp for <b>AGES 6-12</b>	\$389 per week ( <u>includes applicable tax – equivalent to \$344.25 +hst;</u> <u>FREE before &amp; after care (7:45am-5:50pm;</u>  discounted no credit card price; \$405 with credit card)
	<b>FREE Monday pizza lunch! FREE Friday HotDog lunch! FREE Before &amp; After Care!</b>

- \* **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 9:05am 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 1<sup>st</sup> or paid in full - **no exceptions. The deposit is non-refundable. Camp is non-refundable regardless of reason.** NSF cheques will incur a \$25 fee. Tax receipts will be issued Feb 28.

Registering for:	✓	Office Use:
July 22 - July 26		
July 29 - August 2		
August 12 - August 16		
August 19 - August 23		

<p><b>Office Use Only:</b>  Deposit (min \$100 per week-or <b>Paid in full</b>  \$ _____  Postdated cheque attached? Yes/No  Total \$ _____  <b>Waivers signed:</b>  Yes No</p>
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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 Inc) and its directors, officers, employees, agents, or contractors as well as the directors, officers, employees, agents, or contractors of 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.

**Camp is non-cancelable and non-refundable regardless of reason (we will try to sell your spot if you cannot attend but cannot guarantee this is possible).**

\_\_\_\_\_  
(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**  
**18075 Leslie St., Suite 205, Newmarket, ON L3Y 9A4 (905) 830-1711**  
**www.warriormma.ca**