

## **CAMP REGISTRATION FORM**

	Preschool (Ages 3 to 5 ) Twister (Ages 6 yrs & up	• •		
	Week Full Day Half Day – AM (9:00 am t Half Day – PM (12:30 pm			
Athlete's name:				
Address:				City:
Postal Code:		Home Phone:		Male/ Female :
Email:		Birth Date:	(mm,dd,yyyy)	Age:
Parent's Name:		Phone (Bus):		Cell:
Parent's Name:		Phone(Bus):		Cell:
Emergency Contact:		Phone(Bus):		Cell:
Medical/Special Concerns:				
Alternate Pickup: Alternate Phone:				
Although every effort will be made to provide a safe and enjoyable summer camp program, it must be recognized that there are inherent risks involved. If you have any doubt as to your child's suitability for participating, please consult your doctor. Refund will not be given. A credit will be applied to another session for medical reasons only. A charge of \$30.00 will be levied on NSF cheques.  I,				
RELEASE: I, the undersigned, hereby agree to indemnify and save harmless Pulsars Gymnastics Club, Warrior Mixed Martial Arts, Aqua Centre, The Recreational Outdoor Campus, their/its officers, instructors, coaches, employees, members and clubs against all claims, demands, costs, damages, actions, suits or proceedings arising out of participation of my child, named above, in any gymnastics, martial arts, swimming, off site excursion and camp activity.				
Date:		of Participant, pare years of age	nt, or legal guardian	