

# SUMMER Smash



# Volleyball

# CAMP

## Registration Form

## August 13-17, 2018

### PARTICIPANT INFORMATION

Child's Surname: \_\_\_\_\_ Child's First Name: \_\_\_\_\_  
Male: \_\_\_\_\_ Female: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age on Dec.31/17: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Parent/Guardian Name: \_\_\_\_\_  
Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_  
Parent Email: \_\_\_\_\_  
I would like to be grouped with: \_\_\_\_\_  
T-shirt Size: CHILD S M L ADULT S M L XL

### EMERGENCY INFORMATION

1st Emergency Contact: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
2nd Emergency Contact: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Allergies / Reactions: \_\_\_\_\_  
Medications / Restrictions: \_\_\_\_\_  
Special Needs or Concerns: \_\_\_\_\_  
⊕ Permission to Medicate Forms must be filled out for any camper who may require help with their medications (ie: Epi Pens, Medications, etc.)  
⊕ In the event that a child is injured and requires treatment, the parent / guardian will be contacted directly for the child's Ontario Health Card Number.

### PARENT / GUARDIAN CONSENT

Parent/Guardian Consent

- I \_\_\_\_\_, consent to allow my son/ daughter \_\_\_\_\_ to participate in the London Christian High Volleyball Camp program knowing that the camp involves a high level of activity from the participation involved. I also understand that there is an inherent risk to all sport and fitness related activities and accept these risks freely, releasing London Christian Volleyball Camp Program and all its agents and employees from responsibly associated with that risk.
- Permission is granted to the London Christian High Athletic Department or its representative to transport the above child to a local doctor or hospital for medical treatment if necessary. I certify that the information contained in this page is entirely correct.
- I authorize London Christian High to take photographs of my child named in this application during camp activities, and to display and otherwise use these photographs without charge solely for the purpose of promotional material in connection with London Christian Volleyball Camp. The personal information being collected is for the purpose of assisting the program director or staff in the event of an emergency and grouping children in age and/or gender appropriate groups. It may also be used for mailing information regarding Volleyball Camp or new camp initiatives at London Christian High and for creating internal reports.

Name of Parent or Guardian \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

www.ldcss.ca ♦ phone: 519-455-4360 ♦ fax: 519-455-4364  
email: swassing@ldcss.ca



### Payment Information

## \$175/camper

Cash Cheque PayPal\*

\* Complete online payment at  
ldcss.ca/volleyballcamp

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Total Amount \$: \_\_\_\_\_

### Office Use Only

Date Processed: \_\_\_\_\_

Processed by: \_\_\_\_\_