

# 2011 SOCCER CAMP REGISTRATION

**Participant's Name** (Last) \_\_\_\_\_ (First) \_\_\_\_\_ Gender M  F

Date of Birth: \_\_\_\_\_

Address \_\_\_\_\_ Apt. \_\_\_\_\_ City \_\_\_\_\_  
Prov \_\_\_\_\_ Postal Code \_\_\_\_\_

## **FAMILY INFORMATION**

**Father's Name** \_\_\_\_\_  Living with Child

Contact: Home #(\_\_\_\_\_) \_\_\_\_\_ Cell #(\_\_\_\_\_) \_\_\_\_\_ Work #(\_\_\_\_\_) \_\_\_\_\_

**Mother's Name** \_\_\_\_\_  Living with Child

Contact: Home #(\_\_\_\_\_) \_\_\_\_\_ Cell #(\_\_\_\_\_) \_\_\_\_\_ Work #(\_\_\_\_\_) \_\_\_\_\_

**If applicable: Foster Parent/Guardian's Name** \_\_\_\_\_

Contact: Home #(\_\_\_\_\_) \_\_\_\_\_ Cell #(\_\_\_\_\_) \_\_\_\_\_ Work #(\_\_\_\_\_) \_\_\_\_\_

Which of the above people are authorized to pick up your child?  Mother  Father  Guardian

**Emergency Contact** Please provide two individuals other than the parents/guardian, with whom the child is familiar

Emergency Contact #1 Name \_\_\_\_\_ Relationship to camper \_\_\_\_\_

Contact #(\_\_\_\_\_) \_\_\_\_\_

Emergency Contact #2 Name \_\_\_\_\_ Relationship to camper \_\_\_\_\_

Contact #(\_\_\_\_\_) \_\_\_\_\_

**Registration forms are to be mailed or emailed before June 24, 2011 to:**

Elora Canadian Reformed Church – 2010 Soccer Camp

6674 Wellington County Road 7

N0B 1S0, ON

[elorasoccercamp@hotmail.com](mailto:elorasoccercamp@hotmail.com)

All registration inquiries can be directed to 519 846 9380 (Ilse VanderMeulen)

## CONDITIONS OF ENROLLMENT

1. The staff reserves the right to dismiss a participant who is in his/her opinion a hazard to the safety and the rights of others, or who appears to have rejected the reasonable controls of the soccer camp regulations.
2. The parent(s) or guardian(s) submitting this application is/are those having legal custody over the child/camper. The signature on the registration form signifies that both parents/guardians are in agreement with the conditions of enrollment.
3. Care is taken for the safety and good health of campers, but in the event of accident or sickness, the Elora Canadian Reformed Church, the staff and volunteers of the soccer camp, and the owners and employees of facilities, the Uppergrand District School Board, are hereby released from any liability.
4. Every precaution is taken to ensure the participants safety and well-being. At least one staff member or volunteer on site will have First Aid training. Each participant must be covered by Provincial Health Insurance or equivalent medical insurance.
5. In the event that a participant requires special medical attention, x-ray or treatment beyond that which is available at the soccer camp, the parents/guardians will be notified immediately and will be charged with the additional expense of transportation and special care.
6. At camp healthy snacks are provided and we avoid the use of peanuts, however we cannot guarantee a peanut free environment. Participants who have potentially life-threatening conditions such as peanut allergies must be able to manage their exposure to those substances, provide two sets of medication, be familiar with its use and carry the medication in a fanny pack.
7. I give permission to the Elora Canadian Reformed Church to use any image or likeness of my child/participant for promotional material and/or records.

### SIGNATURE REQUIRED TO PROCESS REGISTRATION

I have read, understood, and accepted the conditions of enrollment as stated above.

DATE: \_\_\_\_\_ PARENTS/GUARDIANS SIGNATURE: \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_