



"Life Takes Goals..... So Does Ringette"

Summer 2010 Camp Registration Form

Family Name

First Name

Age:

Medicare Card No:

Current Team:

Email address

Telephone Number

Emergency Contact

Telephone Number

Can your child swim independently?

Jersey Size: YS/YM

 YL/YXL

 AS

 AM

| Camp Options: | Cost | Register |
|-----------------------|-------|--------------------------|
| All-Star camp | \$275 | <input type="checkbox"/> |
| Hot Shot camp | \$325 | <input type="checkbox"/> |
| Elite camp (full day) | \$350 | <input type="checkbox"/> |
| Elite camp (half day) | \$175 | <input type="checkbox"/> |

Signature of Parent / Guardian: _____

Date: _____

Please mail your registration form and Medical Information form, together with a cheque made out to Excellence Ringette for the full registration amount.



Medical information

Notes to parent / guardian

- 1. The information on this form is for the sole use of Excellence Ringuette and may be used by its' representatives or medical personnel to administer or authorize appropriate health care or medical attention for the participant, if needed.
- 2. You may be asked to review and update this form periodically throughout the year.

Last Name: Given Name:

Birth Date: Height: Weight:

Contact Information of custodial parent or guardian:

Last Name: Given Name:

Home Phone:

Business Phone:

Cell Phone:

Medicare Card No.

If the above are unavailable in an emergency, please notify:

1. Last Name: Given Name:

Relationship to participant:

Home Phone:

Business Phone:

Cell Phone:

2. Last Name: Given Name:

Relationship to participant:

Home Phone:

Business Phone:

Cell Phone:

Family Doctor: Phone:

1. Does the participant have any physical, cognitive, emotional or behavioural limitations or challenges that would require assistance and / or modifications to the program to enable her to participate fully? Yes: No:

If yes, please explain:

2. Do you have any special instructions for staff regarding the participants health care and/or diet? Yes: No:

If yes, please explain:

3. Does the participant have any allergic reactions to things such as food, insect stings, etc..? If so, please complete the following:

| Allergy | Life Threatening |
|----------------------|--|
| <input type="text"/> | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |
| <input type="text"/> | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |
| <input type="text"/> | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |



Medical information

4. Does the participant have any chronic conditions or recent illnesses of which the staff should be aware?

[Empty text box for chronic conditions]

5. Please provide details of any medications that the participant will bring with her as required for the above-mentioned conditions:

[Empty text box for medications]

6. Are there any medications that the participant should carry themselves (ie. Asthma pump, Epi-Pen?)

Yes (provide details):

[Empty text box for medication details]

No:

7. Does the participant have any recent sports injuries that the instructors should be aware of?

Yes (provide details):

[Empty text box for injury details]

No:

Note that every care and attention will be given to the health and comfort of the participant

I hereby authorize an Excellence Ringuette representative to secure such medical advice and services (ie. contacting EMS or ambulance) as may be deemed necessary for the health and safety of my daughter. I agree to accept financial responsibility in excess of the benefits allowed by my provincial / territorial health plan.

The athlete agrees to wear all regulation equipment at all times on the ice, including shoulder pads. Excellence Ringuette reserves the right to limit access to program activities until payment is received. While Excellence Ringuette will provide competent staff and all reasonable precautions will be taken to avoid injury or damage, I fully accept that accidents may occur, and, consequently, I hereby waive, renounce and release you and/or the staff from any and all liabilities of any nature whatsoever. Moreover, I hereby waive, renounce and release you from any claim with respect to loss or damage of property.

Signature: (signature of parent in case of a minor)

Date: