

CAMP U OF T MISSISSAUGA REGISTRATION FORM (1 PER CHILD)

Main Parent / Guardian Contact Information:

Last Name:		Home Phone:
First Name:		Daytime Phone:
Address:		Cell Phone:
City:	Postal Code:	Email:

Second Parent / Guardian Contact Information:

Last Name:		Home Phone:
First Name:		Daytime Phone:
Address:		Cell Phone:
City:	Postal Code:	Email:

Campers Information:

Child's Name:		Allergies:
Birth Date (MM/DD/Year):	Gender:	Does your child carry an epipen? Yes/No
Does your child have any medical concerns or information of which the camp staff should be aware?		

Does your child have any dietary restrictions? Lunch is provided and some adjustments can be made if notified ahead of time.

Pickup Information:

Does your child have your permission to leave camp on their own? Yes/No		
Please list all individuals (including parent/guardian) who have permission to pick up your child?		
1.	2.	3.

Camp Selection:

Course #	Course Name (Please indicate extended care if needed)	Fee
Grouping Request:		Total:

Please list the full name of the same aged children you would like your child grouped with:

1.	2.	3.
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Emergency Contact:

Contact Name:	Daytime Phone:
Relationship:	Cell Phone:

INFORMED CONSENT AGREEMENT - I the undersigned hereby acknowledge that certain RISKS OF INJURY are inherent to participation in sports and recreation activities. These types of injuries may be minor or serious and may result from one's actions, or the actions or interactions of others, or a combination of both. I understand the RULES and REGULATIONS are designed for the safety and protection of participants and hereby undertake to abide by these rules and regulation. I hereby WARRANT that the participant(s) that I am registering are physically fit to participate and understand that the CHOICE to participate brings with it the ASSUMPTION OF THOSE RISKS AND RESULTS which are part of these activities. I agree that THE GOVERNING COUNCIL OF THE UNIVERSITY OF TORONTO shall not be liable for any injury to my person and/or loss or damage to my personal property arising from, or in any way resulting from, my participation in these activities, UNLESS such injury, loss or damage is caused by the SOLE NEGLIGENCE of the University or its employees or agents while acting within the scope of their duties. I declare having read and understood the above INFORMED CONSENT AGREEMENT in its entirety and hereby consent to participate acknowledging all the foregoing. If I am registering minor, I certify that I am the parent/guardian for that minor, and agree to the above on their behalf, and I grant permission for use of any photos of my child to appear in the camp/Jr. Blues brochure or other camp/Jr. Blues advertising.

Parental Approval: X	Date:	Payment Information:	
By signing the above you are agreeing to the terms and conditions listed in the informed consent agreement.		Total Payment:	Payment Type: Visa MC Amex
		Name on Card:	Card No:
Incomplete forms will not be processed. Please call membership services 905-828-3714 for assistance with registration. If you are waitlisted for a course you will be notified via email. Please confirm all information above is correct before submission.		Signature:	Expiry Date (MM/YY)
		Fax to 905-828-5268	