

2010 SWCPTC Junior Summer Camp Registration Form

Child's Name: \_\_\_\_\_

Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Birthday (d/m/y): \_\_\_\_\_

Years of playing experience: \_\_\_\_\_ OTA Ranking: \_\_\_\_\_

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

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home telephone: \_\_\_\_\_

Parent(s)/Guardian(s): \_\_\_\_\_

Telephone number(s): \_\_\_\_\_

Email: \_\_\_\_\_

Emergency contact: \_\_\_\_\_

Telephone number(s): \_\_\_\_\_

Medical Info (allergies, medical conditions, etc.) \_\_\_\_\_

\_\_\_\_\_

Who is authorized to pick up camper, \_\_\_\_\_

**Half day - \$185\***     9am to 12pm     1pm to 4pm

**Full day - \$320\*** 9am to 4pm (with lunch hour supervision)

**Extended day -** 4pm to 6pm

**\$90\* when enrolled in full or half day camp, \$125\* for those enrolling in just the extended day**

\*additional \$30 required for junior membership if camper is not already a SWCPTC member

- |                                       |  |  |                                       |
|---------------------------------------|--|--|---------------------------------------|
| <input type="checkbox"/> June 21 - 25 | <input type="checkbox"/> June 28 – July2** | <input type="checkbox"/> July 5 – 9      | <input type="checkbox"/> July 12 – 16 |
| <input type="checkbox"/> July 19 – 23 | <input type="checkbox"/> July 26 – 30      | <input type="checkbox"/> Aug 3 – 6**     | <input type="checkbox"/> Aug 9 – 13   |
| <input type="checkbox"/> Aug 16 – 20  | <input type="checkbox"/> Aug 23 – 27       | <input type="checkbox"/> Aug 30 – Sept 3 |                                       |

\*\* No classes July 1st & August 2<sup>nd</sup>, Price is 4/5 of regular cost.

Register for 3 weeks or register 3 children (same last name) receive a 10% discount

**Before July 1st add 5% GST    After July 1<sup>st</sup> add 13% HST**

**Payment Enclosed:** \_\_\_\_\_ Cash/Cheque **Payable to: DANIEL SALMON**

**Forms and Payment to be delivered to: Daniel Salmon, 133 Kalmar Ave, Scarborough, ON M1N 3G6**

**Parental Consent:** I understand that Daniel Salmon, the club, its employees and management will undertake to provide a reasonably safe and secure environment for my child and his/her possessions. I am satisfied that the necessary precautions and procedures are in place to minimize any injury or loss. I will not hold the club, its employees and agents responsible in the event of any accident or loss. If, as a result of sudden illness or accident, medical treatment is necessary, I agree to allow the club to use its judgment and allow physicians to take emergency measures. I give permission for my child to participate in any supervised off-site excursions that are organized as part of the camp programming.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_