



A safe place where GIRLS Make Friends, Keep Fit & Have FUN!

PARTICIPANT'S APPLICATION FORM

Please complete the application form below to apply for Lady Ballers Camp's program. This form should be completed for participants/campers.

PARTICIPANT/CAMPER'S INFORMATION		
Child's First Name:		Child's Last Name:
Age:	Birth Date:	
Address:		Suite/Apt. #:
City:	Province:	Postal Code:
Home Phone Number:		Current Grade:
Name of School:		

PARENT / GUARDIAN INFORMATION #1		
First Name:		Last Name:
Relationship to Child: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other: _____		
Home Phone:	Work Phone:	Cell Phone:
Address:		Suite/Apt. #:
City:	Province:	Postal Code:
Email Address:		

PARENT / GUARDIAN INFORMATION #2		
First Name:		Last Name:
Relationship to Child: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other: _____		
Home Phone:	Work Phone:	Cell Phone:
Address:		Suite/Apt. #:
City:	Province:	Postal Code:
Email Address:		

HEALTH INFORMATION (Please note that providing the health card # is voluntary and at the discretion of the parent/guardian subject to the provisions of the UN Convention of Rights of the Child)
Please answer the following questions regarding your child. L.B.C. uses this information to ensure that your child has the appropriate supports in our program.

Health Card Number:	
Does your child have any life threatening allergies?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, please explain:	
ADDITIONAL INFORMATION	
How did you hear about Lady Ballers Camp?	
Facebook <input type="checkbox"/>	Print Advertisement <input type="checkbox"/> Twitter <input type="checkbox"/>
H.J Alexander School <input type="checkbox"/>	Website <input type="checkbox"/> Other <input type="checkbox"/>
Through a school <input type="checkbox"/>	Through A Friend/Family <input type="checkbox"/>
CAMP FEES	
Please indicate whether you would like to be contacted regarding a payment plan option for your camp fees	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please indicate whether you will be requesting Scholarship	<input type="checkbox"/> Yes <input type="checkbox"/> No

MEDICAL INFORMATION
Date of last complete medical examination:
Date of last tetanus immunization:
Is your daughter/ward allergic to any drugs, foods or medication/other? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, provide details:
Does your daughter/ward take any prescription drugs? Yes <input type="checkbox"/> No <input type="checkbox"/>
What medications should the camper have on hand during physical activity?
Who should administer the medication?
Does your daughter /ward wear a medical alert bracelet? <input type="checkbox"/> Neck Chain <input type="checkbox"/> Medical Alert Card <input type="checkbox"/>
Please indicate if your daughter/ward has been subject to any of the following and provide pertinent details:
Does your daughter/ward have any of the following (check all that apply):
ADD/ADHD <input type="checkbox"/> Learning Disability <input type="checkbox"/>
Epilepsy <input type="checkbox"/> Diabetes <input type="checkbox"/>
Autism Spectrum Disorder <input type="checkbox"/> History of Abuse/Domestic Violence <input type="checkbox"/>
Mental Health Concerns <input type="checkbox"/> Other: <input type="checkbox"/>
Does your daughter/ward have any of the following (check all that apply):
Orthopedic Problems <input type="checkbox"/> Deaf/Hard of hearing <input type="checkbox"/> Headaches <input type="checkbox"/>
Asthma <input type="checkbox"/> Allergies <input type="checkbox"/> Hernia <input type="checkbox"/>
Back Conditions/Injuries <input type="checkbox"/> Arthritis/Rheumatism <input type="checkbox"/> Swollen or Hyper Mobile Joints <input type="checkbox"/>
Chronic Nose bleeds <input type="checkbox"/> Fainting <input type="checkbox"/> Trick or Lock Knee <input type="checkbox"/>
PARTICIPANTS/CAMP APPLICATION
ELEMENTS OF RISK NOTICE

The risk of injury exists in every physical activity. These injuries result from the nature of the activity and can occur without fault on either the part of the Participants/camper, the Lady Ballers Camp staff and volunteers or the facility where the activity is taking place. The chances of an injury occurring can be reduced by carefully following instructions at **all** times while engaged in the activity. Lady Ballers Camp attempts to manage as effectively as possible the risk involved for campers while participating in physical activities.

ACKNOWLEDGEMENT OF RISKS/REQUEST TO PARTICIPATE/INFORMED CONSENT AGREEMENT:

I/We have read and understand the elements of risk.

I/We agree that the Lady Ballers Camp, its employees, volunteers or funders shall not be liable for any injuries to my child/ward or loss of or damage to any personal property arising from or in any way resulting from participation in any activities.

Signature of Parent/Guardian _____ Date _____

PLEASE RETURN ALL FORM AS SOON AS POSSIBLE

In Submitting This Application, I agree to the Following:

- That my child can participate in all program / camp activities and supervised trips not on program/ camp property.
- To provide the program/camp with a completed health form, authorized pick-up form and payment if my child is accepted.
- That my child is authorized to eat/drink all meals or snacks provided by Lady Ballers Camp, unless otherwise notified by me.
- That Lady Ballers Camp reserves the right to photograph and/or videotape all program/camp programs and use the images for promotional purposes, unless notified by the parent/guardian in writing on or before the first day of camp.
- That I understand that I will not receive a refund for any days my child is absent from camp.
- That Lady Ballers Camp reserves the right to terminate the registration of any camper if, in the camp`s discretion, it is determines that such termination is to be in the best interest of the participant / camper or Lady Ballers Camp
- That my child`s referee can provide information to complete the recommendation form and that Lady Ballers Camp can contact the referee to obtain further information if required.
- That the information in the participant/camper application is true and correct.
- That I am the legal guardian/parent for the participant/camper applying to Lady Ballers Camp and I am authorized to submit this application form for this child.

In signing this form, you are ensuring that all answers are completed to the best of your knowledge. Please note that incomplete forms may not be processed and forms are reviewed on a first come, first served basis.

Parent/Guardian Signature

Date

www.ladyballerscamp.org