



## Summer Camp Registration Form

Camp Week: \_\_\_\_\_

Athlete's name: \_\_\_\_\_

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

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

Home phone: \_\_\_\_\_

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

Parent/Guardian #1 \_\_\_\_\_

E-mail address: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Parent/Guardian #2: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Cell phone: \_\_\_\_\_

OHIP # \_\_\_\_\_

Please list any allergies or medical concerns:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Emergency Contact Information**

Name: \_\_\_\_\_

Relationship \_\_\_\_\_

Phone #: \_\_\_\_\_

**Emergency Medical Treatment**

I hereby give permission for emergency medical treatment to be administered to my son/daughter, as may be determined in the reasonable discretion of his/her coach. It is understood that whenever reasonably possible, relatives will be contacted and informed of the problem, diagnosis, treatment required and anticipated medical results.

Parent/Guardian Name: \_\_\_\_\_

Signature: \_\_\_\_\_