

Wolves Summer Camp Registration Form

Participant information

*First Name: _____ *Middle Initial: _____ *Last Name: _____

*Gender: _____ *Date of Birth D/M/Y _____ *Alberta Health Care #: _____

*T-Shirt Size: _____ Emergency contact (other than parent/guardian above): _____

Phone: _____

Parent Information

*Parent First Name: _____ *Parent Last Name: _____

*Address: _____ *City: _____ *Postal Code: _____

Phone (H): _____ *Phone (C): _____ *Email: _____

FOR OFFICE USE ONLY TO BE COMPLETED BY STAFF

Code	Description	Dates	Amount	Payment Type
PASC1840	Multi Sport Climbing Camps (grades 5-9) 9-4 pm	July 27 th to July 31 st	\$295.00	
PASC1840	Multi Sport Climbing Camp (grades 5-9) 9-4 pm	Aug 10 th to Aug 14 th	\$295.00	
PASC1840	Multi Sport Climbing Camp (grades 2-4) 9-4 pm	July 27 th to July 31 st	\$295.00	
PASC1840	Multi Sport Climbing Camp Ages (grades 2-4) 9-4 pm	Aug 10 th to Aug 14 th	\$295.00	
PASC3110	Advanced Basketball Camp (grades 9-12) Fri 6-9, Sat & Sun 9-4pm	Aug 17 th to Aug 21 st	\$175.00	
PASC1370	All Skills Volleyball Camp (grades 6-8) Monday to Thursday 9-4 pm	Aug 24 th to Aug 27 th	\$325.00	
PASC1370	Volleyball Advanced Camp (grades 9-12) Thurs 6-9, Fri 9-12, 1-4, 6-9 Sat 9-12, 1-4 pm	Aug 27 th to Aug 29 th	\$325.00	
PASC3110	Basketball Camp (grades 2-4) 9-12 pm Half Day	Aug 17 th to Aug 21 st	\$175.00	
PASC3110	Basketball Camp (grades 5-8) 1-4 pm Half Day	Aug 17 th to Aug 21 st	\$175.00	
PASC	Wolves Adventure Camp (grades 1-5) 9-4 pm	July 6 th to July 10 th	\$ 225.00	
PASC	Wolves Adventure Camp (grades 1-5) 9-4 pm	Aug 10 th to Aug 14 th	\$ 225.00	

Total Amount Paid: _____ Payment taken by: _____ Receipt #: _____

Student Name: _____ Camp: _____

GPRC strives for each player to have a good experience and information gathered below assist our staff in programming and preparation. This information revealed in this form will be kept confidential. The personal information on this form is collected under the authority of Section 32 (C) of the freedom of information and privacy act.

Does your child have allergies or medical conditions? Yes • No •

Explain the procedure involved in dealing with your child's allergic or medical condition (if applicable) _____

Will your child need medications during the camp? If yes, please explain. _____

Has your child been diagnosed with a condition that affects learning, a psychiatric diagnosis or an emotional health concern? If yes, please explain. _____

Do you wish to pass along any concerns of this nature that have not been diagnosed? _____

Please check the behaviors' that apply to your child:

☐ No unusual behavior ☐ Physically Aggressive ☐ Verbally Aggressive ☐ Withdrawn/Shy ☐ Temper Tantrums☐ Self-Injurious ☐ Wanders/Runs Away Other: _____

Please explain any checked behavior, frequency, and methods of dealing with this behavior: _____

Is your child susceptible to headaches, nosebleeds, fainting, colds, sinus problems, heat sensitivity or any other physical ailments? If yes, please explain. _____

Is your child susceptible to digestive ailments? _____

Is your child susceptible or does your child presently have joint pains or injuries? If yes, please explain. _____

Is your child susceptible or have a history of concussions? _____

Is your child susceptible or presently has back pains or problems? If yes, please explain. _____

Liability and consent release

Health Accuracy: This is to acknowledge that the information revealed in the above document is accurate and truthful. I understand that withholding information may contribute to injury, illness, or death and possibly compromise the care provided in the event of an emergency. In result that the information in the above document changes prior to or during the program I will immediately notify the GPRC staff.

Signed: _____

Liability: This is to certify that I/we the guardian/parent of the above-mentioned applicant agree to hold blameless the officials or sponsoring bodies of the GPRC program, in the event of any loss, damage of injury suffered during games or practices, sanctioned by the said association(s).

Signed: _____

Photo Consent: I hereby grant permission to GPRC to take my child's photo during the program. These materials will become the property of GPRC and will not be returned. The usage of the pictures will be as follows: group picture given to all children attending the program, promotional material such as posters, postcards, flyers, and photos on the GPRC website/social media. GPRC reserves the right to discontinue the use of the image(s) without notice and that there will be no compensation to me for the use of the photographs.

☐ Yes ☐ No ☐ Only the group photo

Signed: _____