2016 Junior Condors Sports Program

Registration Form

**PLEASE COMPLETE ONE FORM FOR EACH CHILD ATTENDING**

**Program Overview**: All our Camps stress Fun & Fitness while instilling a Love and Respect for the game of both Field & Box Lacrosse. The Learn to Play Program will teach the basic skills through fun, safe and organized drills. Practice balls are used (sticks can be provided). Helmets with cage and gloves must be worn and provided by the athletes. Prep for Rep Camp will take the experienced young player to the next level. Up tempo drills & skills, game situations, full equipment needed.

Name of Child:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Emergency Contact 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Emergency Contact 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Health/Medical Concerns: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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Name(s) of People Who Can Pick Up Above Child:

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

Sport: Lacrosse (please check one) O Learn to Play 7-8pm $40

Thursdays April 7 - May 12 O Prep for Rep 8-9:30pm $60

Max Participants: 30/session

Payment: (please check one) O Cash

O Cheque

Space is limited. To reserve your spot please email [jrcondors@conestogac.on.ca](mailto:juniorcondors@conestogac.on.ca)

2016 Junior Condors Sports Programs

Informed Consent and Waiver Form

**PLEASE COMPLETE ONE FORM FOR EACH CHILD ATTENDING**

Name of Child:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Acknowledgement of Risk:** I hereby acknowledge that I have voluntarily chosen to allow my child to attend Junior Condors Sports Programs. The activities in which my child may participate at camp may include, but are not limited to: \_\_\_\_\_\_\_Lacrosse based activities\_\_\_\_\_\_\_  
  
**I understand the risks involved in these activities**. I recognize that each camp activity involves risk of injury to my child and I agree to accept any and all risks associated with it. By voluntarily allowing my child to participate in camp activities and with the knowledge of the risks involved, I hereby agree to accept any and all inherent risks.

**Hold Harmless:** In consideration of allowing my child to participate in Junior Condors Sports Programs and to the fullest extent permitted by law, I agree to hold harmless Conestoga College, as well as its Board of Trustees, officers, employees and its volunteers and assigns from and against all claims arising out of or resulting from my child’s participation in camp. I hereby voluntarily hold harmless and release Conestoga College, its trustees, officers, employees, agents and volunteers from any and all claims arising out of or incident to my child’s participation in Junior Condors Sports Programs, which may be made on behalf of me, my child, my personal representatives and my heirs or assigns.

**Permission to Use Photograph or Likeness:** I hereby give permission to Junior Condors Sports Programs to use my child’s photographic image, in whole or in part, for camp-specific public information and for marketing activities at the discretion of Junior Condors Sports Programs. I understand that the photograph remains the property of Junior Condors Sports Programs.

O Check this box if you do NOT give the above permission to use your child’s photograph or likeness.

**Permission to Email about Future Camp Programming:** I hereby give permission to Conestoga College to contact me via email about future sports programming events held at Conestoga College.

O Check this box if you do NOT give the above permission to allow Conestoga College to contact you via email about future camp programming at Conestoga College.

I HAVE CAREFULLY READ THIS AGREEMENT. I FULLY UNDERSTAND ITS CONTENTS AND SIGN IT OF MY OWN FREE WILL.

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Name of Parent/Guardian of Child Listed Above (please print)

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

Signature of Parent/Guardian Date