

# 2009 Summer Camp Registration Form

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

First name: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_

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

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

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

Cell #: \_\_\_\_\_

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

Emergency Contact Name: \_\_\_\_\_

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

Allergies or Medical Conditions: \_\_\_\_\_

Weeks attending (please circle all weeks attending)

1                      2                      3                      4

**Cost:**  
\$295 / week  
(1st week is  
\$240/ 4 days)

I hereby release, waive, discharge and covenant not to sue or otherwise claim or proceed against the Canadian Sports Academy, its owners, affiliated organizations, their respective management, administrators, directors, agents, coaches, employees, sponsoring organizations, sponsors, advertisers and if applicable, owners and/or lessees of premises used to carry out any program administered by the Canadian Sports Academy (collectively, the "Protected Parties") from any and all liability to the undersigned, his or her heirs and their next of kin for any and all claims, demands, losses or damages on account of injury, or damage to property, caused, alleged to be caused or in any way connected with the participation in any program administered by the Canadian Sports Academy.

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

**Date:** \_\_\_\_\_

Please make cheque payable to:  
Canadian Sport Academy

Send your application in to:  
Canadian Sports Academy  
128 Mulholland Drive  
Thornhill, ON L4J 7T9