



# Concordia Athletics Sports Camps After School Program Speed, Agility and Power - Registration Form

## Basic Information:

Name of Child: \_\_\_\_\_ School: \_\_\_\_\_

Birthdate (DD/MM/YY): \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M  F

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

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

## Primary Contact:

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

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email (to send out camp information): \_\_\_\_\_

## Other Information:

How did you hear about our service? \_\_\_\_\_

## Dates:

Please select desired sessions (✓)

**Nov. 8 to Dec. 13 (6 Sessions) \$60**

November	December
8, 15, 22, 29	6, 13

Wednesday, from 4:30 to 5:45 p.m.

**Jan. 10 to Feb. 28 (8 Sessions) \$80**

January	February
10, 17, 24, 31	7, 14, 21, 28

Wednesday, from 4:30 to 5:45 p.m.

**March 7 to April 11 (6 Sessions) \$60**

March	April
7, 14, 21, 28	4, 11

Wednesday, from 4:30 to 5:45 p.m.

## Payment:

Fees: \$ \_\_\_\_\_

Visa  MasterCard  AMEX

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ CVV Code: \_\_\_\_\_

Signature of Card Holder: \_\_\_\_\_

## How to Register:

1. By email: Complete your registration form and email to: [concordia.camps@concordia.ca](mailto:concordia.camps@concordia.ca)
2. Mail to: Concordia Athletics Sports Camps, 7141 Sherbrooke St. W., L-RA 1.511, Montreal, QC, H4B 1R6
3. By fax: Complete your registration form and fax to 514-848-8637
4. In person: Complete your registration form and bring it to the Concordia Athletic Complex, 7200 Sherbrooke St. W.  
Credit card and debit card payments are accepted. We do not accept cheques or cash.

Full payment is due at registration

Any questions? Please contact us at 514-848-2424, ext 5979 or email [concordia.camps@concordia.ca](mailto:concordia.camps@concordia.ca)



# Concordia Athletics Sports Camps Medical Form

## Basic Information:

Name of Child: \_\_\_\_\_  
Birthdate (DD/MM/YY): \_\_\_\_\_ Gender:  M  F

## Information in case of an emergency:

Medicare Card #: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

### Emergency Contacts - parent or guardian

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

### Other Emergency Contacts

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

## Medical Information:

Does your child suffer from any medical conditions (epilepsy, asthma, diabetes etc.)? Yes  No

If yes, please specify and indicate treatment/support needed at camp: \_\_\_\_\_

Does medication need to be administered at camp? Yes  No

If yes, please provide details: \_\_\_\_\_

Does your child have any allergies? Yes  No

If yes, please specify: \_\_\_\_\_

Does your child carry an EpiPen? Yes  No

### Additional Information:

Please provide us with any information regarding any needs or concerns of which we should be aware. This will allow us to work together to provide the best possible camp experience for all participants.

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

In case of an emergency I authorize the personnel to take all measures to assure the health and safety of my child.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Authorizations to Pick Up Child:

Person(s) authorized to pick up child other than parents or guardian

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

WAIVER: Concordia University is not responsible for any claims of loss, damage or injury to persons or property however caused to any party arising directly from child's participation.



# Concordia Athletics Sports Camps

## Parental Release and Waiver Of Liability

This form must be completed by all parents or legal guardians of minor children less than 18 years of age

I, \_\_\_\_\_ in signing this document, confirm the following:  
(name of parent or legal guardian)

- I am the parent or legal guardian of the minor child identified below (the "Participant");
- It is my decision to allow the Participant to participate in the Concordia Athletics Sports Camps held at Concordia University from \_\_\_\_\_ to \_\_\_\_\_ (the "Activity")  
(date) (date)
- As a parent or legal guardian, I am freely assuming all risks (including physical and legal risks), dangers and hazards on behalf of the Participant associated with participation in the Activity.

I acknowledge and agree that in exchange for and as a condition to the Participant's participation in the Activity, I accept all liability for any loss of or damage to property caused by or contributed to by the Participant.

I further acknowledge that:

- I am aware that the Participant's participation in the activity may be hazardous and could result in damage or injury;
- The Participant is in satisfactory physical and mental condition to safely participate in the Activity;
- The Participant has appropriate health and medical insurance in the event of injury;
- I am giving up the legal right to sue for any damages that may arise as a result of the Participant's participation in the Activity except in the case of gross negligence by Concordia University;
- The Participant does not suffer from any mental or physical condition that could have the effect of putting the Participant, or any other participant or Concordia University at risk by virtue of the Participant's participation in the Activity.
- I agree that Concordia University may use photographs taken of the Participant during the Activity for promotional purposes.
- I have read and understand the terms of this Release and Waiver of Liability.

Accordingly, I hereby release Concordia University its agents, directors, officers and employees from any and all liability for any direct, special, incidental, consequential, punitive or exemplary damages, regardless of the nature of the claim arising from, or related to the Participant's participation in the Activity.

Participant's name: \_\_\_\_\_

Signature of parent or legal guardian \_\_\_\_\_ Date: \_\_\_\_\_