



Concordia Athletics Sports Camps After School Soccer Program - Registration - 2019-20

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:

From November 4, 2019 to April 8, 2020.

Mondays and Wednesdays from 4:30 to 6 p.m.

Payment:

Fees: \$490 (for 40 sessions without transportation) \$655 (for 40 sessions with transportation)

20 registrations are required to offer the service.

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
2. Mail to: Concordia Athletics Sports Camps, 7141 Sherbrooke St. W., L-RA 1.511, Montreal, QC, H4B 1R6
3. 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



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: _____