

UBC SPORT CAMPS 2010 REGISTRATION – FAX: 604.822.2025



PARTICIPANT INFORMATION

Last Name: _____

First Name: _____ Middle Initial: _____

Age: _____ Male: Female: Birthdate:
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PARENT/GUARDIAN

Name: _____

Phone: (home) _____ (work) _____ (cell) _____

Street Address: _____ Email: _____

City: _____ Province: _____ Postal Code: _____

EMERGENCY / INFORMATION

Emergency Contact: _____

Phone: (home) _____ (work) _____ (cell) _____

List any medical conditions and/or allergies: _____

MEDICAL INFORMATION (BC RESIDENTS)

Family Doctor: _____ BC Care Card: _____

Phone: (office) _____ (pager/cell) _____

MEDICAL INFORMATION (OUT OF PROVINCE)

Medical #: _____ Province: _____ Travel Insurance:

Insurance Provider: _____

Note: Proof of province or travel insurance must be provided prior to the start of camp.

CAMP REGISTRATION INFORMATION

Program Code	Name of Camp	Cost
1)		
2)		
3)		
4)		
5)		

PAYMENT METHOD ('X')

Cash (in person) Money Order Cheque Visa Mastercard

Card #: _____ Expires (MM/YY): /

Note: Post-dated cheques will not be accepted

SIGN OUT POLICY

All participants under the age of 14 years must be signed out of camp by an authorized person. You may also give your child permission to sign him/herself out if you wish. Please identify all individuals that you grant permission to sign your child out of camp, in the space provided below (name/relationship):

1. _____

2. _____

Yes, my child has permission to sign him/herself out of camp.

Parent's Signature: _____

PARENT/GUARDIAN CONSENT

I hereby grant _____ (child's name) permission to participate in the UBC Sport Camps. I understand that my child will be participating in athletic activity where there lies an inherent risk of injury, and I assume all risk of injury that may result. I authorize the University of British Columbia to provide or cause to be provided such medical services as the UBC medical personnel deem appropriate.

PHOTO RELEASE - UBC Sport Camps may occasionally take pictures of our camp participants for use in promotional/advertisement materials or publications (brochures, websites, etc.). By signing this consent I agree to allow the UBC Department of Athletics and Recreation to reproduce the likeness of my child in such promotional/advertisement materials and publications.

Signature of Parent/Guardian: _____

Relation to Participant: _____ Date: _____

****Note: If you do NOT agree with the "Photo Release" and still wish to register your child with UBC Sport Camps, please contact the office at 604-822-**

REGISTER ONLINE at www.ubccamps.ca

Register online and secure your space. Please use your client # and pin to modify your account to keep us to date on your most recent information

CONTACT INFORMATION

For further information, or to mail this form, please contact us at the following:

UBC Sport Camps
 6066 Thunderbird Blvd, Vancouver, BC, V6T 1Z3
 Tel: 604.822.6121
 Email: ubccamps@interchange.ubc.ca

Incomplete or unclear registration forms will not be processed