

## 2010 Athlete Application

Please read and complete both sides of this application thoroughly. If you require assistance, please don't hesitate to call.

### Family Information

Parents  Guardians:

#### Father:

Salutation:  Mr.  Dr.  Other \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Home Telephone: ( ) \_\_\_\_\_

Bus. # ( ) \_\_\_\_\_

Cell # ( ) \_\_\_\_\_

E-mail: \_\_\_\_\_

#### Mother:

Salutation:  Ms.  Mrs.  Dr.  Other \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Home Telephone: ( ) \_\_\_\_\_

Bus. # ( ) \_\_\_\_\_

Cell # ( ) \_\_\_\_\_

E-Mail: \_\_\_\_\_

**Mailing Address:**  Family  Mother  Father

Street: \_\_\_\_\_ City: \_\_\_\_\_

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

#### Camper lives with:

Mother  Father  Both  Other

#### Secondary Contact: (Other than parent)

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

Telephone: ( ) \_\_\_\_\_

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

#### Swimming Activities:

Can not swim  Weak Swimmer

Average Swimmer  Strong Swimmer

#### How did you hear about Madawaska Camps?

Club  School  Camp Fair  Friend

Website  Magazine

### Athlete Information

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Male  Female

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Birthdate: Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

School: \_\_\_\_\_

Grade Completed Before Camp: \_\_\_\_\_

Health Card #: \_\_\_\_\_

E-mail: \_\_\_\_\_

Club Affiliation: \_\_\_\_\_

Number of Years Playing Club: \_\_\_\_\_

**T-Shirt:** Adult Sizing  S  M  L  XL

Youth Sizing  M  L

Previous Madawaska year \_\_\_\_\_ Cabin # \_\_\_\_\_

#### Basic Medical Information:

Doctor's Name: \_\_\_\_\_

Doctor's Telephone: ( ) \_\_\_\_\_

Each athlete will be required to have a health history form completed before the start of camp.

Does the athlete have life threatening allergies?

Yes  No If yes, allergic to:

Is the athlete presently taking medication(s)?

Yes  No If yes, list medications:

Do you anticipate the athlete will require the medications during camp?  Yes  No

Other medical concerns:

#### Dietary Restrictions:

Yes No

Vegetarian

Poultry

Fish

Red Meat

*This application must be signed, completed in full and be accompanied by the appropriate fees and/or deposit (cheques made payable to Madawaska Camps) before it can be considered for acceptance.*

## Camp Selection & Payment Information:

Please check the program(s) for which you would like to register:

- Madawaska All-Sport Camp**  
(August 22-28, 2010)  
Fee: \$750.00      Deposit: \$200.00
- Madawaska Volleyball Camp**     Court Volleyball **or**  Beach Volleyball  
(August 29 - September 4, 2010)  
Fee: \$750.00      Deposit: \$200.00
- Madawaska All-Sport & Volleyball Camp\***     Court **or**  Beach  
(August 22 - September 4, 2010)  
Fee: \$1,125.00      Deposit: \$400.00

\* Discount applicable to one camper attending both weeks, not for two family members attending one week each

\*\* Madawaska will provide accommodations, meals and supervision between programs

**Please make cheques payable to Madawaska Camps. Registrations made after July 1, 2010 must be paid in full.**

## Additional Information:

It is always beneficial for our camp director to be aware of any pertinent information about our athletes. Please feel free to comment below on any issues that will allow us to better serve your child.

## Conditions of Registration:

Camp fee includes room and board and full participation in all athletic and adventure activities. Tuck shop expenses are extra. Athletes are responsible for their own transportation to and from camp. Bus transportation is available from major centres (e.g. Toronto, London, Barrie etc) at an additional cost. Applicable taxes are added to the camp fee.

I/we agree to allow my/our child(ren) to participate in all camp activities.

I/we hereby apply for registration for the herein named child(ren) for the camping services indicated in this application. In consideration of acceptance of this application by Madawaska Camps. I/we hereby agree as follows:

- a) that the director of Madawaska Camps reserves the right to terminate the registration of any camper(s) when it is deemed by the director to be in the best interests of the child or the camp. In such an event, it is understood that an appropriate refund will be issued unless the camper is dismissed for infractions of camp's policies in which case, no refund will be issued.
- b) to make all payments required in accordance with the rate schedule in effect on the date of registration, to abide by the conditions of enrolment and the refund policy herein. NSF cheques are subject to \$25 service charge and certified funds will be required.
- c) that cancellations prior to July 1, 2010 will be refunded the deposit less \$100 for each week cancelled. Cancellations after July 1st will not be refunded.
- d) that special considerations for refunds submitted in writing will be considered during the month of September following camp.
- e) to give camp officials authority to act on my behalf in case of emergency and/or special medical treatment.
- f) to release and indemnify Madawaska Camps from any and all claims for losses of articles and damages arising as a result of any accident, injury or otherwise sustained by the herein named child(ren) arising from participation in any camp activities.
- g) to consent to the use by Madawaska Camps of the athletes likeness for publicity purposes.

Father or Guardian \_\_\_\_\_  *sign here!* Mother or Guardian \_\_\_\_\_  *sign here!* Date \_\_\_\_\_  *Fill in here!*

***This application must be signed, completed in full and be accompanied by the appropriate fees and/or deposit (cheques made payable to Madawaska Camps) before it can be considered for acceptance. Payment by credit is available by contacting the camp office at 1.866.553.0655***