**2017 GAC Basketball Camp Registration (Ages 8 to 16)**

**GAC Member #**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***CONTACT INFORMATION:***

**Camper #1 Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Male/Female Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 dd/mm/year

**Camper #2 Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Male/Female Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 dd/mm/year

**Camper #3 Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Male/Female Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 dd/mm/year

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Home/business phone (circle one): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home/business phone (circle one): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact:**  Same as parent/guardian: Yes 🗆 No 🗆

If no, Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Pick up at the end of the day: *Photo ID is required for pickup***

**🗆 Parent 🗆 Other: Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Allergies/Illnessess/Dietary Restrictions:**

Camper #1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Medications?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Camper #2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Medications?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Camper #3: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Medications?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Health Card Number and Version Code:**

Camper #1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Camper #2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Camper #3: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Rules and Regulations:**

1. Discount: a 10% discount will be applied for additional family members at the time of registration.
2. Inclement Weather: Camps will NOT be cancelled due to rain. Campers will come indoors for organized activities.
3. Cancellation: Fees are refundable if cancellation is made in writing to Camp Director 2 weeks before the start of camp week. A $25 admin fee applies.
4. York Students: Children of current York student GAC members are eligible for the Annual Member rate.
5. Deadlines: Registrations must be received by 12:00 noon the Tuesday before camp starts. No registrations will be accepted after this day/time for the following week.

|  |  |  |
| --- | --- | --- |
| **Session** | **2017 Week(s) Attending (please circle)** | **Days** |
| 1 | June 19 – 23 | Mon - Fri |
| 2 | June 26 - 30 | Mon - Fri |
| 3 | July 4 - 7 | **Tues – Fri \*** |
| 4 | July 10 - 14 | Mon - Fri |
| 5 | July 17 - 21 | Mon - Fri |
| 6 | July 24 - 28 | Mon - Fri |
| 7 | July 31 – Aug 4 | Mon - Fri |
| 8 | Aug 8 – 11 | **Tues – Fri \*** |
| 9 | Aug 14 – 18 | Mon - Fri |
| 10 | Aug 21 - 25 | Mon - Fri |
| 11 | Aug 28 – Sept 1 | Mon - Fri |

***Please circle your sessions/weeks:***

***CAMP HOURS: 9am – 4pm. Please indicate if you need extended care (8am – 9am & 4pm – 5pm)***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Annual**  **Member**  **price** | **10 % discount Price**  **(additional family member)** | **Monthly Member/**  **Non Member**  **price** | **10 % discount Price**  **(additional family member)** | **Extended**  **Care** |
| **4 day camp** | $268 | $241.20 | $330 | $297 | $40 |
| **5 day camp** | $335 | $301.50 | $412 | $370.80 | $50 |

■ Consent & Release  
I give permission for my child/children to participate in the Glendon Athletic Club programs/camps and agree that York University, its employees, officers, Board of Governors and agents will not be held responsible for any accident or loss however caused and agree to release them from all claims and damages which may arise as a result of such accident or loss. In signing this consent and release agreement, I hereby acknowledge that I have read and understood the conditions and certify that my child is in good physical health and that there is no medical reason why he/she should not attend.

🗆 Photo permission form (check or leave blank)  
I give permission for the use of any photos of my child/children taken while participating in any Glendon Athletic Club program/camp to appear in a future brochure or other future program/camp advertising.

🗆 Email consent (check or leave blank)  
I consent to receive electronic communications from the Glendon Athletic Club including registration information, new programs and upcoming events. You can withdraw at any time by emailing gac@glendon.yorku.ca

■ Medical consent   
In the event I cannot be reached, I hereby appoint the Camp Director as my agent to obtain medical or surgical services or hospitalization if required and I accept responsibility for all medical expenses incurred on behalf of my child(ren).  
  
Signature of parent/guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2017 GAC Basketball Camp Registration**

**Payment Sheet**

|  |  |  |
| --- | --- | --- |
|  |  | Total |
| Camper #1 Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $ + |  |
| Camper #2 Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $ + |  |
| Camper #3 Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $ + |  |
| TOTAL |  | $ |

**I hereby authorize the Glendon Athletic Club (York University) to charge my credit card for the amount below:**

Total $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Method of Payment: 🗆 VISA 🗆 Mastercard

**GAC Member #**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Card Number: \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Expiry Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Security Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

***Full payment is due upon registration either by mail, phone or in person.***

**Email/Fax/Send Registrations to:**

Attention: Todd Rietschin

Email : gac@glendon.yorku.ca

Phone: 416-736-2100 ext. 88338

Fax: 416-487-6789

Address: Glendon Athletic Club, 2275 Bayview Avenue, Toronto, ON, M4N 3M6