**2019 GAC SUMMER SQUASH CAMP REGISTRATION (Ages 8-14)**

**Family Member #**: \_\_\_\_\_\_\_\_\_\_

***CONTACT INFORMATION:***

**Camper #1 Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Male/Female Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 dj/mm/ya

**Camper #2 Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Male/Female Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 dj/mm/ya

**Camper #3 Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Male/Female Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 dj/mm/ya

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/Illnesses/Dietary Restrictions:**

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

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

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

**Rules and Regulations:**

1. Cancellation: Fees are refundable if cancellation is made in writing to Camp Director 2 weeks before the start of camp week. A $50 admin fee applies.
2. York Students: Children of current York student GAC members are eligible for the Annual Member rate.
3. 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** | **2019 Week** | **Days** |
| 1 | Aug 26 - 30 | Mon - Fri |

***CAMP WEEK***

|  |  |  |
| --- | --- | --- |
| **BEGINNER** | **9:00AM- 12:00PM** |  |
| **INTERMEDIATE/ADVANCED** | **1:00PM- 4:00PM** |  |

***PLEASE INDICATE LEVEL OF PLAY***

|  |  |  |
| --- | --- | --- |
|  | **Member**  **Price** | **Non-Member**  **Price** |
| **5 day camp** | $250 | $280 |

■ 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2019 GAC SUMMER SQUASH CAMP REGISTRATION**

**Payment Sheet**

|  |  |  |
| --- | --- | --- |
|  | **Camp Price** | 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

**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 or Fax Registrations to:**

Attention: Aaron Rodrigues, Racquets Professional

EMAIL : arodrigues@glendon.yorku.ca

FAX: 416-487-6789

Phone: 416-736-2100 x88344