

2020 GAC SUMMER SQUASH CAMP REGISTRATION (Ages 8-14)

CONTACT INFORMATION:

Family Member #: _____

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.

CAMP WEEK

<u>Session</u>	<u>2020 Week</u>	<u>Days</u>
1	Aug 24 - 28	Mon - Fri

PLEASE INDICATE LEVEL OF PLAY

<u>BEGINNER</u>	<u>9:00AM- 12:00PM</u>	
<u>INTERMEDIATE/ADVANCED</u>	<u>1:00PM- 4:00PM</u>	

	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: _____

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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

Name on Card: _____

Member #: _____

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