



# 2008 SUMMER CAMP REGISTRATION

Camper's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Sex: M F Age: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone (Home): \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone (Home): \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Other Emergency Contact: \_\_\_\_\_ Phone (Home): \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

CAMP NAME	CAMP DATES	CAMP CODE	COST

### CANCELLATION / REFUND POLICY:

Written notice received 30 days (or more) prior to camp start date will be eligible for a refund. If notice is received less than 30 days prior to the start date of camp, a medical certificate is required for a refund. All refunds are subject to a \$25.00 administration fee.

BEFORE CARE	
AFTER CARE	
<b>TOTAL</b>	

### METHOD OF PAYMENT

Credit Card (in full at time of registration) \_\_\_\_\_ Cheque \_\_\_\_\_ Cash (in person only) \_\_\_\_\_

(Please make cheques payable to the University of Victoria)

Visa, Mastercard, or American Express Number: \_\_\_\_\_ Expiry Date \_\_\_\_\_

Registrants will be contacted if camp is full and will then be placed on a waiting list: fees are not processed until a space is available.

### MEDICAL FORM

List any medication presently taken: \_\_\_\_\_

Does the child have any ailments that the coach or staff should be aware of (ie: allergies, athletic injuries, etc.):

\_\_\_\_\_

Please explain: \_\_\_\_\_

### PARENT / GUARDIAN CONSENT

I hereby grant \_\_\_\_\_ permission to participate in the University of Victoria Summer Camps Program, and if I cannot be readily contacted I authorize the University of Victoria to provide or cause to be provided such medical services as the University or medical personnel consider appropriate. UVic Summer Camps Program reserves the right to refuse further participation to any participant for inappropriate behavior. By signing this consent, I agree to allow UVic Athletics and Recreation or the University of Victoria to reproduce the likeness of my child (photo, video, etc.) in promotional materials or publications.

I am aware that participation in recreation and athletic activity involves the risk of personal injury including but not limited to soft tissue and/or broken bones. Any use of equipment facilities and programs of the University of Victoria, and my or my child's participating in such activities shall constitute acceptance of the risk regardless of the nature of the injury.

I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THIS AGREEMENT

Signature \_\_\_\_\_

Date \_\_\_\_\_

Witness \_\_\_\_\_

Date \_\_\_\_\_

### YOU MAY REGISTER BY:

**ONLINE**  
www.govikesgo.com  
Credit card only

**MAIL**  
University of Victoria  
Athletics and Recreation  
P.O. Box 3015 Stn. CSC  
Victoria, B.C. V8W 3P1

**IN PERSON**  
Ian H. Stewart Complex  
3964 Gordon Head Rd.

**FAX**  
(250) 721-8956  
Credit card only