



www.TG4Lifesports.com

# Registration Form

## April Break Training Camp 2021

### CLIENT INFORMATION:

Camper's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex [M]  [F]

### CONTACT INFORMATION:

Parent(s)/Guardian(s): \_\_\_\_\_

Address: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Fee: \$100

### Refunds/Cancellations Policy:

- All cancellations must be made five (5) days prior to the start of camp and is subject to a \$50 administrative fee.
- There will be no refunds issued after the start of camp. In the unlikely event that we must cancel your camp session you will receive a full refund of your camp registration fees.
- Parent(s)/Guardian(s) waives any rights to all and any damages that may arise from camp cancellation and agrees to accept the registration fee as upper limit of all compensation.
- Parent(s)/Guardian(s) are required to complete a medical consent form for all campers and provide confirmation of physical examination completed by your family doctor prior to enrollment in camp (Doctor's form is available).

### Method of Payment:

Payments can be made by certified cheque, money order, cash, or e-transfer to  
Whtg4life@hotmail.com

Please write cheque or Money Orders payable to **TG4Life**.

Please read and complete before submitting application to TG4life March Break Camp.

**Medical Waivers and Consent** All campers will be required to complete a medical consent form

Email:topgunsean@hotmail.com



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**PRIVACY STATEMENT**

Yes, you may collect and use my personal information and that of my child. I understand that the purpose of this information is to ensure the safety of my child while at camp.

**CAMPER'S MEDICAL INFORMATION (WILL BE KEPT ON SITE AT ALL TIMES)**

<b>Camper's Name</b>	
<b>Family Physician</b>	
<b>Phone Number #</b>	
<b>Camper's Health Card #</b>	

**\*Does the above camper have any medical conditions that we should be aware of?**

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**EMERGENCY CONTACT INFORMATION**

<b>Emergency Contact Name</b>	
<b>Emergency Phone #</b>	

<b>Emergency Contact Name</b>	
<b>Emergency Phone #</b>	

I, Parent/Guardian submit this submission form as waiver that my child/dependent is physically fit to participate in strenuous athletic activities provided for by TG4Life April 2021 camp session. All TG4life March camp session Sponsors are inclusive of this wavier submission of any responsibility of injury or illness during camp sessions. I hereby authorize TG4life councilors/staffs of the March Camp session to act for the benefit of my child/dependent with best judgement to implement any emergency medical attention measures as required in medical emergencies. I understand that I am solely responsible for the payment of any such medical expenses. **I further, am not personally aware of or have any knowledge of any physical impairment that would hinder my child/dependent's ability to participate in the camp program(s)/activities**

I understand that the camp is not responsible for lost or stolen articles. I also understand that the camp retains the right to use pictures and data collected during camp season for publicity and advertising purposes, photographs of the campers at camp.

**Parent/Guardian Signature** \_\_\_\_\_

**Email:topgunsean@hotmail.com**