

Competitive Training Camp Registration Form Summer Camp 2015

Name:			
Address:			
City:	Postal (Code:	
Phone: Birth date (D/M/Y):			
E-mail Address:			
Parents Name:			
Emergency Contact Phone: (H)(W)			
Allergies or medical concerns?			
Please Check the camp(s) you will be attending and circle the program you would like:			
Sign up for:	Dates	3 Day Training Camp Full day	3 Day Training Camp Half Day
Competitive Camp	Aug 17-19	9am-3:00pm \$160+HST= \$180.80	

<u>Notice Of Warning:</u> There is a potential risk of injury involved in training and participating in any sport. Spring Action has made every effort to create a safe and controlled environment for participation. Rules, that must be followed, have also been established for participation and conduct on and about the training area.

Signature of Parent or Guardian

Date