



PEAK PERFORMANCE VOLLEYBALL CAMP REGISTRATION INFORMATION

Name:

Date of birth:

Gender:

Phone:

Club Team (if applicable):

Club Team Age Division as of 2018 season: U15 U16 U17 U18

Current address:

City:

Province:

Postal Code:

Allergies:

Medical concerns:

Medication(s) bringing to camp:

Camp T-Shirt Size:

Small

Medium

Large

X-Large

I will be participating in the following camp:

Barrie

Sault Ste. Marie

Sudbury

Winnipeg

PARENTS/GUARDIAN INFORMATION

Parent Name:

Parent Cell Phone:

Parent Work Phone:

Emergency Contact:

Relationship:

Emergency Contact Phone:

Who is allowed to pick up your child from camp?

FEEDBACK

How did you hear about our camp?

What interested you about the camp?

PAYMENT INFORMATION

Payment Method:

Cheque

Money Order

E-Transfer (tvanlankvelt@mediwell.ca)

Please email, mail or fax this completed form with payment to:

Med-I-Well Services

284 Larch Street

Sudbury, Ontario P3B 1M1

Registration must be fully complete to be processed.

Please contact Med-I-Well Services at (705) 671-7356 or tvanlankvelt@mediwell.ca or

fax (705) 675-4738, Mon.-Fri. 9 am-4 pm.

INFORMED CONSENT

If the participant for whom this registration is being submitted is under 18 years of age at the date of the activity with Med-I-Well Services' Peak Performance volleyball camp, the participant's parent or legal guardian must complete this Release and Medical Authorization.

The undersigned parent or legal guardian of the participant (hereinafter referred to as the Athlete) and the Athlete hereby acknowledge that there are risks of injury and potential hazards inherent in the physical activities involved in Med-I-Well Services Peak Performance volleyball camps. The Athlete agrees to participate in all physical exercise as set out in the Peak Performance volleyball camp program's activities and according to the Peak Performance instructors and acknowledges that he/she is doing so at his/her own risk and as a willing participant.

The Athlete and the parent or legal guardian of the Athlete being registered for the Med-I-Well Services Peak Performance volleyball camp, his/her heirs, executors and administrators hereby waive, release and forever discharge Med-I-Well Services, Toon van Lankvelt, guest coaches, instructors and the host institution or facility from all responsibility, liability, claims, demands, actions and causes of action of any kind whatsoever, including the negligence of one or more individuals and organizations referred to herein, arising out of or related to any loss, personal injury or property damage that may be sustained or occur during participation in Med-I-Well Services Peak Performance volleyball camp's activities or while at Peak performance volleyball facilities.

The parent or legal guardian for the Athlete hereby gives permission to Med-I-Well Services Peak Performance volleyball camp staff, coaches or instructors to seek appropriate medical attention for the Athlete should it be required as a result of participation in Peak Performance volleyball camp activities and in the event of injury and in case I cannot be reached. The Athlete and his parent or guardian is responsible for any and all costs of medical attention and treatment.

The Athlete hereby declares that in signing and submitting this registration that he/she has read and fully understands and agrees to the terms and conditions stated herein and that it is binding on his/her executors, heirs and assigns.

Photo Release:

Med-I-Well Services Peak Performance volleyball camp would like to take pictures that can potentially be used for future camp promotional material, such as posters, pamphlets and short video clips. If we feel that your photo may be useful in any other case, we will contact you by telephone or by e-mail in order to obtain your permission first. I have read the PHOTO RELEASE document and hereby give my permission to have my photo taken and used as described above.

SIGNATURES

Parent or Guardian Signature:

Date:

Peak Performance Camp Participant's Signature:

Date: