BISHOP REDING CSS SUMMER SPORTS CAMP 2019						
CAMPER'S NAME:		GE	NDER:	D.O.B. (MM/DD/YYYY) and AGE		
MAILING ADDRESS:						
PHYSICAL AILMENTS/MEDICAL CONDITIONS/ALLERGIES:				HEALTH CARD # (optional):		
FRIENDS/SPECIAL REQUESTS:				HOW DID YOU HEAR ABOUT US?		
SESSION (PLEASE CHECK ANY/ALL CAMP SESSIONS YOU WISH TO ATTEND)						
DUE TO RENOVATIONS AT BR THIS		Sessions will run from 9:00 A.M3:00 P.M				
SUMMER, THE CAMP WILL RUN AT				T-SHIRT SIZE:		
GUARDIAN ANGELS CATHOLIC		• July 2 - July 5				
ELEMENTARY SCHOOL AT 650 BENNETT BLVD, MILTON		July 8 - July 12		PLEASE CIRCLE YOUR PREFERENCE		
		 July 15 – July 19 July 22- July 26 		YOUTH: XS S M L XL		
				ADULT: XS S M L XL		
 \$5 discount for each ONE SESSION ONE SESSION TWO SESSIONS TWO SESSIONS THREE SESSIONS THREE SESSIONS FOUR SESSIONS 	additional week. \$180 Includes ca \$170 (returning c \$355 Includes ca \$335 (returning c \$525 Includes ca \$495 (returning c \$690 Includes can \$650 (returning c an additional \$5 p).	mp t-shirt, snacks, pizza camper) mp t-shirt, snacks, pizza camper) mp t-shirt, snacks, pizza amper) er day and after care fr	a (last day) a (last day) (last day) (last day) om 3:00-4:00pm is	Please note that only ONE shirt will be provided, even for multiple session campers. An additional shirt can be purchased at a discounted price the first day of camp.		

PARENT/GUARDIAN & EMERGENCY CONTACT INFORMATION					
NAME:	EMAIL:				
HOME PHONE:	MOBILE:				
EMERGENCY CONTACT NAME:	RELATIONSHIP TO CAMPER:				
EMERGENCY CONTACT NUMBER:					
 All campers must be signed out by an authorized adult prior to their dismissal from camp. You can give your child permission to sign herself/himself out by checking the circle below or to be picked up by another adult: Yes, I grant my child the authority to sign herself/himself out or be picked up by another adult. 					
I, the undersigned, understand that Bishop Reding Catholic Secondary School, Bishop Reding CSS camp staff/volunteers, and the Halton Catholic District School Board does not assume or accept responsibility for any expenses resulting from loss (personal injury, lost or stolen property, property damage, other expenses) or injuries sustained while engaged in any activity whatsoever whether on or off school premises. I also authorize my child's attendance at the Bishop Reding CSS sport camp and certify that he/she is able to participate in the program activities. I declare having read and understood the above WAIVER/INFORMED CONSENT AGREEMENT in its entirety and hereby consent to participate acknowledging all the foregoing. If I am registering a minor, I certify that I am the parent/guardian for that minor, and agree to the above on their behalf, and I grant permission for use of any photos of my child to appear in future camp brochures or other advertising.					
Parent/Guardian Name (Print) :					
Parent/Guardian Signature:	Date:				

Check off here if you would like to receive a tax receipt