

# THE GATHERING'S SOCCER CAMP REGISTRATION FORM 2018

**AGES: 4-10**

**COST: \$60**

**DATES: JULY 16<sup>TH</sup>- 19<sup>TH</sup>**

The parent/guardian who completes and signs this form will be the primary contact for The Gathering. Information submitted on this form can only be modified by the parent/guardian. If information provided on this form changes, it is your responsibility for the updated information to be given to The Gathering in case of an emergency.

## CHILD 1

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Sex: \_\_\_ Age: \_\_\_\_\_

Special needs, behaviour problems, physical or emotional limitations that may impact child's ability to participate in activities:

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## CHILD 2

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Sex: \_\_\_ Age: \_\_\_\_\_

Special needs, behaviour problems, physical or emotional limitations that may impact child's ability to participate in activities:

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## CHILD 3

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Sex: \_\_\_ Age: \_\_\_\_\_

Special needs, behaviour problems, physical or emotional limitations that may impact child's ability to participate in activities:

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## PARENT(S) &

Guardian 1: Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Guardian 2: Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

Province: \_\_\_\_\_ PC: \_\_\_\_\_

E-mail: \_\_\_\_\_



PO BOX 802013 RIVERSIDE SOUTH RPO, GLOUCESTER, ON K1V 2N9  
STUDENT @ THEGATHERINGOTTAWA.COM  
WWW.THEGATHERINGOTTAWA.COM  
613. 822. 7440

### ADDITIONAL PERSONS AUTHORIZED FOR PICK-UP

NAME	RELATIONSHIP TO CHILD	HOME PHONE	WORK PHONE	CELL PHONE

### EXPECTED ATTENDANCE

The cost for all four days for one child is \$60, for two children is \$100, and for three children is \$130. If your child will be attending less than four days, it will be \$15 per day per child. Camp can be paid for by cash or cheque. Refund available up to the first day of camp. The camp runs from 9:00 – 11:30 AM Monday to Thursday, at Mountain Meadows Park in Riverside South, with a complimentary Family BBQ on Friday night at 5:30PM. If a camp day is cancelled due to poor weather, the missed day will then be moved to Friday from 9:00-11:30 AM.

Please check all days your child will be attending:

Monday July 16  Tuesday July 17  Wednesday 18  Thursday July 19  Friday Night BBQ July 20

## PARENT/ GUARDIAN MEDICAL WAIVER AND RELEASE FORM 2018

I hereby request that my son(s)/daughter(s) be permitted to participate in The Gathering's Soccer Camp. As consideration for permitting my child(ren) to participate in Youth Activities, I hereby agree to indemnify and hold harmless The Gathering, and its officers, agents, employees, and volunteer aides, from any liability, which may arise in connection with this request. I understand my child will be under the general supervision of The Gathering staff during this program. I hereby authorize emergency treatment be given to my child, if needed, by licensed medical personnel.

Legal Name of Child 1: \_\_\_\_\_

D.O.B \_\_\_\_\_

Legal Name of Child 2: \_\_\_\_\_

D.O.B \_\_\_\_\_

Legal Name of Child 3: \_\_\_\_\_

D.O.B \_\_\_\_\_

Do your children have any severe allergies? (bee stings, food, penicillin, other drugs) YES \_\_\_ NO \_\_\_

If yes, please explain



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Will your children be bringing any medication with him or her? (Antibiotics, ventilator, Ritalin) YES \_\_\_ NO\_\_\_  
If yes, please explain:

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Precautions are taken for the safety and health of your child(ren), but in the event of an accident or sickness,

The Gathering, its staff, and its volunteers are hereby released from any liability. In the event that your child requires special medication, x-rays or treatment, the parents/guardians will be notified immediately.

Name of Family Physician: \_\_\_\_\_

Physician's Phone Number: \_\_\_\_\_

**PARENT/GUARDIAN'S SIGNATURE**

**NAME:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**PARENT/ GUARDIAN RELEASE FOR PHOTOS**

I understand that promotional pictures (individual and group) will be taken during these events. I give permission for my son's/daughter's picture to be used for any promotional materials (newsletter, web page, calendars, power point, etc.). By my signing this, I release The Gathering Staff, additional chaperones and leaders, from any and all liabilities and waive all claims against them.

**PARENT/GUARDIAN'S SIGNATURE**

**NAME:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_



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