

# NORTH BAY LEGION TRACK CLUB 2018 SUMMER CAMP REGISTRATION FORM



## ATHLETE INFORMATION

1 - CHILD'S NAME:  MALE:  FEMALE:

HEALTH CARD #:  DATE OF BIRTH: (DD/MM/YYYY)

ALLERGIES AND HEALTH CONCERNS:

2 - CHILD'S NAME:  MALE:  FEMALE:

HEALTH CARD #:  DATE OF BIRTH: (DD/MM/YYYY)

ALLERGIES AND HEALTH CONCERNS:

3 - CHILD'S NAME:  MALE:  FEMALE:

HEALTH CARD #:  DATE OF BIRTH: (DD/MM/YYYY)

ALLERGIES AND HEALTH CONCERNS:

## PARENT / GUARDIAN & EMERGENCY INFORMATION

PHYSICIAN:  PHYSICIAN PHONE:

PARENT'S NAME:  PARENT'S NAME:

ADDRESS:  ADDRESS:

HOME PHONE:  HOME PHONE:

MOBILE:  MOBILE:

E-MAIL:  E-MAIL:

## ALTERNATIVE EMERGENCY CONTACT

NAME:  MOBILE:

PHONE:  E-MAIL:

## SESSIONS AND FEES

PLEASE CHECK APPROPRIATE BOX(ES) CHILD : 1 2 3

WEEK 1: JULY 2ND TO JULY 6TH

WEEK 2: JULY 9TH TO JULY 13TH

WEEK 3: JULY 16TH TO JULY 20TH

WEEK 4: JULY 23RD TO JULY 27TH

ONE WEEK - \$50

EACH ADDITIONAL WEEK - \$45

EACH SIBLING - \$45

TOTAL CAMP FEE:

PAYMENT WILL BE ACCEPTED AT REGISTRATION ON THE FIRST DAY OF YOUR CAMP SESSION (NORTH BAY LEGION TRACK CLUB)

## PHOTO RELEASE

I ALLOW THE NBLTC TO POST ON THEIR WEB SITE, PHOTOS OF MY CHILD / CHILDREN TAKEN DURING THE ACTIVITIES OF THE CAMP SESSIONS :

I DO NOT ALLOW THE NBLTC TO POST ON THEIR WEB SITE, PHOTOS OF MY CHILD / CHILDREN TAKEN DURING THE ACTIVITIES OF THE CAMP SESSIONS :