



# GIRLS VOLLEYBALL CAMP -REGISTRATION FORM

Office use only

TO REGISTER: Email: [camps@msvu.ca](mailto:camps@msvu.ca) Phone: 902-457-6420 In-person: MSVU, Rosaria Centre (131 Lumpkin Rd)

## Skills Camp for girls ages 12-16

Fee: \$150.<sup>00</sup> Includes a T-shirt

\*Please bring a lunch & water bottle

Friday, Aug. 5, 2022

Time: 6:00 p.m. - 9:00 p.m.

Saturday, Aug. 6, 2022

Time: 9:00 a.m. - 4:00 p.m.

Sunday, Aug. 7, 2022

Time: 9:00 a.m. - 4:00 p.m.

### Camper Information

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthday: \_\_\_\_\_ Grade \_\_\_\_\_

Sibling of (if applicable): \_\_\_\_\_

Medical Conditions: No Yes (please clarify): \_\_\_\_\_

Allergies: No Yes (please list): \_\_\_\_\_

Medications: No Yes (please list): \_\_\_\_\_

Additional information you may want us to know: \_\_\_\_\_

### Parent/Guardian 1 Primary Contact

### Parent/Guardian 2 (if applicable) Secondary Contact

Parent/Guardian: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ P.C. \_\_\_\_\_

City: \_\_\_\_\_ P.C. \_\_\_\_\_

Phone: (h) (\_\_\_\_) \_\_\_\_\_ (c) (\_\_\_\_) \_\_\_\_\_

Phone: (h) (\_\_\_\_) \_\_\_\_\_ (c) (\_\_\_\_) \_\_\_\_\_

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

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

### Alternate Contact and Person(s) authorized to pick up child

Alternate Emergency Contact: \_\_\_\_\_ Relationship to camper: \_\_\_\_\_ Phone #: \_\_\_\_\_

Person(s) authorized to pick up child (in addition to Parent/Guardian 1 & 2 and alternate contact):

Name: \_\_\_\_\_ PH#: \_\_\_\_\_ Name: \_\_\_\_\_ PH#: \_\_\_\_\_

### Parental/Guardian Informed Consent & Release of Liability of Mount Saint Vincent University

I, \_\_\_\_\_ (please print) the parent/guardian of the camp participant understand, appreciate and accept the inherent physical risks of these activities. As a condition of registration, the parent/guardian of the camp participant agree to accept full responsibility for any personal property loss or damage and/or any personal injury sustained by the camp participant and on behalf of the camp participant release Mount Saint Vincent University, its employees, agents or volunteers from any loss, damage or injury that may be suffered by the camp participant in connection with participation in the camp.

Mount Saint Vincent University reserves the right to: assign the participant to a group most appropriate for their age or ability and to request any participant to withdraw from the camp/program if the participant is not behaving in an appropriate and reasonable manner.

I understand and agree to the above and hereby give my child permission to:

\_\_\_\_ (initial): take part in the MSVU Camps.

\_\_\_\_ (initial): be photographed by MSVU Camp staff and hereby understand that such photographs become the property of Mount Saint Vincent University and may be used for the purpose of any other promotional purposes deemed necessary and/or relevant to this Day Camp program.

\_\_\_\_ (initial): in the case of a health emergency, I give permission for my child to be taken to the IWK hospital.

OFFICE USE ONLY: Method of Payment:  Cash  Debit  Visa  MC  AMEX

Card # \_\_\_\_\_ Exp Date: \_\_\_\_\_ Authorization # \_\_\_\_\_

Entered in Computer:  Yes  No Registered by: \_\_\_\_\_ Date: \_\_\_\_\_