MSVU MYSTICS

GIRLS VOLLEYBALL CAMP - REGISTRATION FORM

In-person: MSVU, Rosaria Centre (131 Lumpkin Rd)

Junior High Skills Camp for girls ages 12-15

TO REGISTER: Email: camps@msvu.ca

Fee:\$140.00 Includes a T-shirt

*Please bring a lunch & water bottle

Friday, Sept. 9, 2022 Time: 6:30 p.m. - 9:00 p.m. Saturday, Sept. 10, 2022 Time: 9:30 a.m. - 4:00 p.m. Sunday, Sept. 11, 2022 Time: 9:30 a.m. - 12:30 p.m.

Child's Name		• • •	•		•		
Sibling of (if applicable): Medical Conditions: No Yes (please clarify): Medications: No Yes (please list): Parent/Guardian 1 Primary Contact Parent/Guardian 2 (if applicable) Secondary Contact Parent/Guardian: Address: City: P.C. City: P.C. Phone: (h) () () () () () () E-mail: Alternate Contact and Person(s) authorized to pick up child Alternate Emergency Contact: Relationship to camper: Ph#: Person(s) authorized to pick up child (in addition to Parent/Guardian 1 & 2 and alternate contact): Name: PH#: 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 and on behalf of the camp participant release Mount Saint Vincent University, is expressed by the camp participant and on behalf of the camp participant release Mount Saint Vincent University, is expressed 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 to a group most appropriate of 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): In the case of a he	Camper Inform	ation					
Medical Conditions: No Yes (please clarify):	Child's Name:			Age:	Birthday:	Grade	
Allergies: No Yes (please list):	Sibling of (if applica	able):					
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: Alternate Contact and Person(s) authorized to pick up child Alternate Emergency Contact: Person(s) authorized to pick up child (in addition to Parent/Guardian 1 & 2 and alternate contact): Name: 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 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 participantion 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 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): (Initial): (Initial): take part in the MSVU Camps. take part in the case of a health emergency, I give permission for my child to be taken to the IWK hospital.	Medical Conditions	: No Yes (plea	ase clarify):				
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Parent/Guardian:	Additional informat	ion you may want us to kr	now:				
Address:	Parent/Guardia	an 1 Primary Contac	ct	Parent/Guardi	an 2 (if applicable) Sec	condary Contact	
City:	Parent/Guardian:_			Parent/Guardian:_			
Phone: (h) () (c) () Phone: (h) () (c) ()	Address:			Address:			
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Alternate Emergency Contact:	E-mail:			E-mail:			
Person(s) authorized to pick up child (in addition to Parent/Guardian 1 & 2 and alternate contact): Name:	Alternate Contact and Person(s) authorized to pick up child						
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FFICE USE ONLY: Method of Payment: o Cash o Debit o Visa o MC o AMEX	(initial):	in the case of a health emergency, I give permission for my child to be taken to the IWK hospital.					
Card #	OFFICE USE ONLY:	Method of Payment:	o Cash o Deb			ı #	
Entered in Computer: o Yes o No Registered by: Date:		o Yes o No	Registered by		Addionzador		