

# D.L.B ACADEMY OF SPORT AND RECREATION

Giving your child a head start in life's adventures

For more information call: (705) 492-5090  
Situated 20 minutes from North Bay, ON  
250 Clarke St. Powassan, ON P0H 1Z0

## Camper Application

Program Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ I Will require Transportation YES \_\_\_\_\_ NO \_\_\_\_\_

*Welcome to the D.L.B Summer Sports Camp! Please read all the information in this application before you are to complete it. If you require assistance, do not hesitate to call.*

### Camper information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Girl \_\_\_\_\_ Boy \_\_\_\_\_ School: \_\_\_\_\_ D.O.B (M/D/Y): \_\_\_\_\_

Provincial Health Card Number: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Doctor's Phone Number: \_\_\_\_\_

### Medical Information:

Yes

No

Does the Camper have life threatening allergies?

\_\_\_\_\_

\_\_\_\_\_

Does the Camper require an Epi-Pen?

\_\_\_\_\_

\_\_\_\_\_

Is the Camper presently taking any medication(s)

\_\_\_\_\_

\_\_\_\_\_

*If yes, list medication(s):*

Do you anticipate the Camper requiring the above mentioned medication during the summer camp?

\_\_\_\_\_

\_\_\_\_\_

Does the Camper have any nagging injuries:

\_\_\_\_\_

\_\_\_\_\_

*If yes, please specify:*

If there is anything else we need to know about the Camper, please specify in the space provided below:

Camp T-Shirt Size: XS \_\_\_\_\_ S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_ XL \_\_\_\_\_

## Family Information:

Parent(s) \_\_\_ Guardian(s) \_\_\_

### Father:

Salutation: Mr. \_\_\_ Dr. \_\_\_ Other \_\_\_  
Last name: \_\_\_\_\_  
First name: \_\_\_\_\_  
Home Number: ( ) \_\_\_\_\_  
Bus #: ( ) \_\_\_\_\_  
Cell #: ( ) \_\_\_\_\_  
Pager #: ( ) \_\_\_\_\_  
Fax #: ( ) \_\_\_\_\_  
E-Mail: \_\_\_\_\_

### Mother:

Salutation: Ms. \_\_\_ Mrs. \_\_\_ Dr. \_\_\_ Other \_\_\_  
Last name: \_\_\_\_\_  
First name: \_\_\_\_\_  
Home Number: ( ) \_\_\_\_\_  
Bus #: ( ) \_\_\_\_\_  
Cell #: ( ) \_\_\_\_\_  
Pager #: ( ) \_\_\_\_\_  
Fax #: ( ) \_\_\_\_\_  
E-Mail: \_\_\_\_\_

### Mailing Address:

Family \_\_\_ Father \_\_\_ Mother \_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_ Province: \_\_\_\_\_  
Postal Code: \_\_\_\_\_

### Emergency Contact: *(if above cannot be reached)*

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Telephone: ( ) \_\_\_\_\_

## Payment Information:

**1. Please see the next page for camp fees.**

**2. All fees are payable in Canadian Funds.**

**3. Forms of payment that are accepted: Cash, Money order, VISA or MasterCard**

**Deposit: *This application must be accompanied by a \$200.00 deposit.***

Method of payment: Money Order \_\_\_ VISA \_\_\_ MasterCard \_\_\_

VISA/MasterCard Number: \_\_\_\_\_ Expiry date: \_\_\_\_\_

Signature of Cardholder X \_\_\_\_\_

Name of Cardholder (please print) \_\_\_\_\_

**Balance due:** **Final payment** is due **3 weeks prior** to you child's registered date.

## Conditions of Registration:

I/We agree to allow my/our child(ren) to participate in all camp activities and in any supervised trips to places not on the camp property. I/We hereby apply for registration for the herein named child(ren) for the camping and transportation services indicated in this application. I/We are aware that with every sport there is possibility of injury and I/we will not hold the D.L.B Academy responsible for any of these injuries. I/We will pay for any extra costs for damages my child may have caused.

In consideration of acceptance of this application by D.L.B Academy Sports Camp, I/we hereby agree:

a) The D.L.B Academy Sports camp reserves the right to terminate the registration of any camper when it is deemed by the Director to be the best interest of the child or camp. In such an event, it is understood that an appropriate refund will be issued unless the camper is dismissed for infractions of camp's policies in which case, no refund will be issued.

b) that no verbal registrations can be accepted

c) that each application must be completed in full and signed by a parent or guardian in the appropriate places

d) that each application must be accompanied by an appropriate deposit

e) that final payment will be made 3 weeks prior to my child's registered date or my child registration will be withdrawn

f) that special consideration for refunds submitted in writing will be considered during the month of September following the camp

g) that fee reductions will not be made for campers arriving late, leaving early, or missing part of camp

h) to ensure that the Camper Health History form is filled out in full and that the completed form, along with any medications, will be sent with the camper or to the camp before opening day

i) to give camp officials authority to act on my behalf in the event of an emergency and/or special medical treatment

j) to pay the costs of any necessary prescription drugs and/or special medical treatment

k) that I have read the conditions of registration and have enclosed the deposit for each applicant to be applied to the camper's account and that the balance including all taxes will be paid 3 weeks prior to my child's/children's registered date(s)

l) the release and indemnify the D.L.B Academy Sports camp from any and all claims for losses of articles and damages arising as a result of any accident, injury, loss, or otherwise sustained by the herein named child(ren) arising from participation in any camp activities

m) to consent to the use by the D.L.B Academy Sports camp of the camper's likeness for publicity purposes

n) that the relationship and the resolution of any and all disputed arising from my experiences with the D.L.B Academy Sports camp including but not limited to the D.L.B Academy Sports camp staff, shall be governed by and construed in accordance with the laws of the Province of Ontario and the laws of Canada applicable therein

o) that the Courts of the Province of Ontario shall have exclusive and preferential jurisdiction to entertain any complaint, demand, claim, proceeding, or cause of action whatsoever arising from my experience with the D.L.B Academy Sports camp including but not limited to treatment given to me by the D.L.B Academy Sports camp staff. I hereby agree that if I commence any such legal proceedings, that I will do so only in the Province of Ontario

p) if I choose to cancel my child enrollment in the camp, I will lose 50% of my deposit

Father or guardian X \_\_\_\_\_ Mother or Guardian \_\_\_\_\_ date \_\_\_\_\_  
Father or Guardian(please print) \_\_\_\_\_ Mother or Guardian(please print) \_\_\_\_\_

**This application must be signed, completed in full and be accompanied by the appropriate fees and/or deposit (Money Order, VISA, MasterCard) before it can be considered for acceptance.**

# D.L.B Academy Sports camp

## SOCCER CAMP ONLY

### Level of play:

Rec.    Comp.    Premier(Div 1)

## Camper skill Information (*soccer skill*):

### Goalie:

yes    no

### Position:

\_\_\_\_\_

## Survey:

(1 = poor/needs improvement    5 = great/ can always improve)

Push pass:	1	2	3	4	5
Chipping:	1	2	3	4	5
Shooting:	1	2	3	4	5
Shooting instep (laces)	1	2	3	4	5
Trapping (aka. Stopping)	1	2	3	4	5
Ball Possession:	1	2	3	4	5
Slide Tackling:	1	2	3	4	5
Heading:	1	2	3	4	5