

# SPORTS CAMP "JUNAK"

at Mother Cabrini CS, 720 Renforth Dr., Etobicoke, M9C 2N9  
2019 REGISTRATION FORM

## Sportska Skola Junak

• www.SportskaSkolaJunak.com • [junak@cogeco.ca](mailto:junak@cogeco.ca) • tel.905 582-1151

### Camper's Info

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Gender:  M  F  
Birthdate: day: \_\_\_\_\_ / month: \_\_\_\_\_ / year: \_\_\_\_\_ Camper's Age on July 01, 2019: \_\_\_\_\_

### Parent/Guardian Info

1. Parent/Guardian First and Last Name: \_\_\_\_\_ E-mail: \_\_\_\_\_  
2. Parent/Guardian First and Last Name: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Home Ph. # \_\_\_\_\_ Work# \_\_\_\_\_ Cell# \_\_\_\_\_  
Emergency contact (during program hours) Name & Relationship: \_\_\_\_\_  
Home Phon# \_\_\_\_\_ Work# \_\_\_\_\_ Cell# \_\_\_\_\_

### Alternate Pickup authorization

In the event that I/We are not able to pick up my/our child, he/she has my/our permission to leave with the following individual(s):

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### Health Info

Does your child have any medical problems?  No  Yes If Yes, please explain \_\_\_\_\_

Does your child have any allergies?  No  Yes If Yes, please explain: \_\_\_\_\_

### Camp Fee

	WEEK 1 - 4 days 02-05 July, 2019 8:30 AM - 4:30 PM		WEEK 2 08-12 July, 2019 8:30 AM - 4:30 PM	
	Early registration Before May 15, 2019	Registration From May 16, 2019	Early registration Before May 15, 2019	Registration From May 16, 2019
Year-Round 2018/19 Members of Sports School "JUNAK"	<b>\$235.00 + HST</b>	\$260.00 + HST	<b>\$260.00 + HST</b>	\$285.00 + HST
Sports Camp JUNAK participants only	<b>\$290.00 + HST</b>	\$320.00 + HST	<b>\$320.00 + HST</b>	\$350.00 + HST

\*\*10% Discount for sibling

Method of payment: Cash, Cheque and E- Transfer

Please make cheques payable to: Sports School JUNAK

Mail to: 397 Burloak Dr., Oakville, ON, L6L 6W8

### Photo release

**Yes**, I give permission to Sports Camp Junak to include my child in photos taken by camp staff, and/or occasional video taken by local media. I understand these photos may be used for promotional purposes (e.g. slide show, website photo gallery, brochures, camp fair display, etc), but no names will be used.

\*\* If you **do not** wish your child to be included in any photos, please print "Photos Prohibited" here: [ \_\_\_\_\_ ] and check here \_\_\_\_\_ to indicate that your child is fully aware that he/she must exclude themselves from any/all individual/group photos.

**There is a risk of injury involved in training and participation in any sport. Sports Camp "Junak" will make every effort to create safe and controlled environment. In an unlikely event that an injury to my child occurs arising from participation in the camp activities, I hereby release all employees, instructors and Director from any and all claims. I give camp officials the right to act on my behalf in case of an emergency.**

\_\_\_\_\_  
Parent's/Guardian's Name – Please print

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Parent's/Guardian's Signature



SPORTS SCHOOL JUNAK – SKI SCHOOL – SUMMER CAMP o/b HHTP Inc.  
397 Burloak Dr. Oakville, ON L6L 6W8

**AMATEUR ATHLETIC  
WAIVER AND RELEASE OF LIABILITY**

In consideration of being allowed to participate in any way in the Sports School JUNAK o/b HHTP Inc. athletic/sports program, ski school, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If however I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Sports School JUNAK o/b HHTP Inc., their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event (“Releasees”), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

X \_\_\_\_\_  
PARTICIPANT'S NAME

X \_\_\_\_\_  
PARTICIPANT'S SIGNATURE

**FOR PARTICIPANTS OF MINORITY AGE**  
(UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above.

X \_\_\_\_\_  
PARENT/GUARDIAN'S NAME

X \_\_\_\_\_  
PARTICIPANT'S NAME

X \_\_\_\_\_  
PARENT/GUARDIAN'S SIGNATURE

X \_\_\_\_\_  
DATE SIGNED

**SPORTS DAY CAMP - JUNAK**  
**Sports School Junak o/b HHTP Inc.**  
July 02-05, 2019  
July 08-12, 2019

**Swimming and Transportation Authorization**

Participant's Name: \_\_\_\_\_

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

**Swimming Authorization:**

1. I/We, the undersigned, as parent(s) or guardian(s), give my/our consent for our son/daughter, identified herein, to participate in swimming activities during the summer camp program. I/We understand that participation in any swimming event involves a risk of injury. Sports School "Junak" will make every effort to create safe and controlled environment.
2. I/We will not hold Sports School "Junak", its employees, instructors, directors or anyone acting in its behalf, responsible or liable for injury occurring to the named camper in the course of such activities.

\_\_\_\_\_  
Parent or Guardian Signature

Date: \_\_\_\_\_

**Activity/Event Transportation Waiver:**

During the summer Sports Camp "Junak" program transportation will be provided to/from location of the activity/event for all participating campers via public transportation TTC, rented vehicles or charter bus transportation with adult supervision.

Transportation conditions are as follows:

3. I/We, the undersigned, as parent(s) or guardian(s), give my/our consent for our son/daughter, identified herein, to participate in aforementioned activities/events of the summer program.
4. I/We, the undersigned, as parent(s) or guardian(s) will assume the liability of the camper's participation in the off-campus activity/event of the summer program.
5. I/We will not hold Sports School "Junak", its employees, instructors, directors or anyone acting in its behalf, responsible or liable for injury occurring to the named camper in the course of such activities or such travel.

\_\_\_\_\_  
Parent or Guardian Signature

Date: \_\_\_\_\_