

WATER SPORT ALLIANCE

SUMMER CAMP REGISTRATION 2008

Name of Child: _____

Address: _____

_____ Postal Code: _____

Phone: (519) _____ e-mail address: _____

Age: _____ Birthdate: (day/month/year) _____

Parent/Guardian Name: _____

Cell phone # _____

Medical Information (allergies, injuries, limitations): _____

If an epi-pen or any other medication is required, please sign and send in the permission to administer medication form on the next page.

OHIP #: _____

Doctor's Contact Information: Name: _____ Number: _____

Emergency Contact Information: Name _____ Number: _____

I agree that the child's name and other personal details as above can be shared with our PSO's for insurance purposes.

I understand that my child needs to be able to swim 25 meters unassisted to participate.

Parent's Signature

Date

Please make cheque payable to "Water Sport Alliance" and mail completed registration and payment to:

Region of Waterloo Swim Club

92 King St. South, Suite 205

Waterloo ON

N2J 1P5

Mark on the envelope "To attention of the WSA"

NOTE: **All** Registration fees are non-refundable after the 1st class. Any refund prior to the start of class is subject to a \$30 administration fee.

FOR OFFICE USE ONLY:

Cash / cheque # _____ Amount _____

**WSA SUMMER CAMP
PERMISSION FOR ADMINISTRATION OF
PRESCRIPTION MEDICATION**

Name of Child _____

Medication _____ Dosage _____

Purpose of Medication _____

Time of day medication is to be given _____

Possible side effects _____

Any special instructions _____

I hereby give my permission for Water Sport Alliance Coaching Staff to administer the above prescription to my child. I understand that it is my responsibility to furnish this medication in the original container labelled with the camper's name, name of the medication, dosage and time of day to administer, as well as any other special instructions.

Date

Signature of parent/guardian