

UBC CAMPS 2011 REGISTRATION - FAX: 604-822-2025

PARTICIPANT INFORMATION

Last Name:			
First Name:		Middle Initial:	
Age:	Male: <input type="checkbox"/>	Female: <input type="checkbox"/>	Birthdate:

PARENT / GAURDIAN

Name:		
Phone:(home)	(work)	(cell)
Street Address:		Email:
City:	Province:	Postal Code:

EMERGENCY /INFORMATION

Emergency Contact:		
Phone: (home)	(work)	(cell)

List any medical conditions and /or allergies:

MEDICAL INFORMATION (BC RESIDETNS)

Family Doctor:	BC Card Card:
Phone: (office)	(pager/cell)

MEDICAL INFORMATION (OUT OF PROVINCE)

Medical #:	Province:
Travel Insurance: <input type="checkbox"/>	Insurance Provider:

**Note: Proof of province or travel insurance must be provided prior to the start of camp

CAMP REGISTRATION INFORMATION

Program Code	Name of Camp	Cost
1.		
2.		
3.		
4.		
5.		

PAYMENT METHOD('X')

Cash (in person): <input type="checkbox"/>	Money Order: <input type="checkbox"/>	Visa: <input type="checkbox"/>	Mastercard: <input type="checkbox"/>
Card#:			Expries (mm/yy):

SIGN OUT POLICY

All participants under the age of 14 years must be signed out of camp. You may also give your child permission to sign him/herself out if you wish.

Yes, my child has permission to sign him/herself out of camp.

Parent's Signature: _____

PARENT/GUARDIAN CONSENT

I hereby grant _____ (child's name) permission to participate in the UBC Camps. I understand that my child will be participating in athletic activity where there lies an inherent risk of injury, and I assume all risk of injury that may result. I authorize the University of British Columbia to provide or cause to be provided such medical services as the UBC medical personnel deem appropriate.

PHOTO RELEASE - UBC Camps may occasionally take pictures of our camp participants for use in promotional/advertisement materials or publications (brochures, websites, etc.). By signing this consent I agree to allow the UBC Department of Athletics and Recreation to reproduce the likeness of my child in such promotional/advertisement materials and publications.

Signature of Parent/Guardian: _____

Relation to Participant: _____ Date: _____

Note: If you do NOT agree with the "Photo Release" and still wish to register your child with UBC Camps, please contact the office at 604-822-6121

BECOME A SPONSOR!

Do you know of a company that would be interested in supporting or sponsoring UBC Camps? Yes:

May we contact you regarding a potential partnership? Yes:

Email _____ Phone _____

CONTACT INFORMATION

For further information, or to mail this form, please contact us at the following:
 UBC Camps
 6066 Thunderbird Blvd, Vancouver, BC, V6T 1Z3
 Tel: 604.822.6121
 Email: ubccamps@interchange.ubc.ca

REGISTER ONLINE AT WWW.UBCCAMPS.CA

Register online and secure your space. Please use your client # and pin to modify your account to keep us to date on your most recent information