

# LIGHTS OUT SPORTS CAMP ENROLLMENT FORM



## CHILD'S INFORMATION

FULL NAME:	DATE OF BIRTH:	PHONE:
ADDRESS:	CITY:	POSTAL CODE:
CHILD'S DOCTOR:	PHONE:	ADDRESS:

## GUARDIAN

RELATIONSHIP:	RELATIONSHIP:
FULL NAME:	FULL NAME:
PHONE:                      MOBILE:	PHONE:                      MOBILE:
EMAIL:	EMAIL:
ADDRESS:	ADDRESS:
CITY:                      POSTAL CODE:	CITY:                      POSTAL CODE:
EMPLOYER:	EMPLOYER:
WORK NUMBER:	WORK NUMBER:
ADDRESS:	ADDRESS:
CITY:                      POSTAL CODE:	CITY:                      POSTAL CODE:
ALTERNATE PHONE:	ALTERNATE PHONE:

## EMERGENCY CONTACTS

FULL NAME:	FULL NAME:
RELATIONSHIP:	RELATIONSHIP:
PHONE:	PHONE:
ALTERNATE PHONE:	ALTERNATE PHONE:

## ALTERNATE AUTHORIZED PERSON(S) FOR PICK UP

FULL NAME:	FULL NAME:	FULL NAME:
RELATIONSHIP:	RELATIONSHIP:	RELATIONSHIP:
PHONE:	PHONE:	PHONE:

## PERSONS NOT AUTHORIZED FOR PICK UP (Custody agreement papers must be on file at the centre)

FULL NAME:	FULL NAME:	FULL NAME:
RELATIONSHIP:	RELATIONSHIP:	RELATIONSHIP:

## REQUEST FOR PICTURE CONSENT

There are various times when pictures of the children will be taken by staff. We would like your permission to use these pictures of your child(ren) for fundraising, program promotion, social media or other promotional uses.

I consent     I do not consent

## MEDICAL/HEALTH CONDITIONS (seizures, diabetes, asthma, blood/heart disorders, other)

CONDITION:		
MEDICATIONS REQUIRED (BE SPECIFIC):		
SPECIAL INSTRUCTIONS:		
EMERGENCY RESPONSE PLAN COMPLETED	YES	NO

## DIETARY REQUIREMENTS/ALLERGIES

FOOD ALLERGY:	REACTION:
MEDICATION ALLERGY:	REACTION:
INSECT ALLERGY:	REACTION:

FOOD SENSITIVITY:	REACTION:	
ANAPHYLAXIS EMERGENCY PLAN FORM COMPLETED	YES	NO

**PARENT ACKNOWLEDGEMENT**

- My child is able to participate in the full range of activities
- I permit my child to go on supervised excursions outside Lights Out Sports
- I will not hold Lights Out Sports responsible for lost or stolen items
- I will not hold Lights Out Sports, its staff or volunteers responsible for accidents which may occur
- I understand the legal obligation of the staff to report any suspected abuse
- I understand that Lights Out Sports may decline a child due to physical and/or verbal aggression towards staff or other children
- I understand that a late fee of \$10 for every 10 minutes will apply when children are picked up after Lights Out Sports' shift time is over
- I give consent to allow Lights Out Sports staff to reapply sunscreen

**EMERGENCY TRANSPORTATION**

I hereby authorize my permission for the staff at Lights Out Sports to arrange emergency medical treatment for my child(ren) without immediate consent.

SIGNATURE:	DATE:
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**REGISTRATION**

PROGRAM	CARE REQUIRED	SPORT PREFERENCE
<input type="checkbox"/> Winter Break <input type="checkbox"/> March Break <input type="checkbox"/> Summer Break <input type="checkbox"/> PA Day, specify which dates:	<input type="checkbox"/> FULL TIME (5 days/week)  <input type="checkbox"/> PART TIME (2 to 4 days/week) <input type="checkbox"/> MON <input type="checkbox"/> TUES <input type="checkbox"/> WED <input type="checkbox"/> THURS <input type="checkbox"/> FRI	<input type="checkbox"/> Soccer Only <input type="checkbox"/> Hockey Only <input type="checkbox"/> Soccer & Hockey (half day each)

GUARDIAN SIGNATURE:	DATE:
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