

Titans Summer Camp Registration Form

Last name: _____ First name: _____
Date of Birth (dd/mm/yy): _____ Age: _____
Address: _____ City: _____
Postal Code: _____
Home phone number: _____
Mother's name: _____ Work/ cell #: _____
Father's name: _____ work/ cell #: _____
Health Card #: _____ Expiry date: _____
Emergency contact _____ Emergency #: _____
Family doctor: _____ Number: _____
Allergies/ injuries/ medication: _____

I authorize a certified Titans instructor to sign for medical or hospital attention for my child.

Signature: _____ Date: _____

Please register me for the following camp(s) (circle all that apply):

DAY CAMPS

June 30 th , July 2	July 5 th -9 th	July 12 th - 16 th	July 19 th -23 rd	July 26 th - 30 th
Full Day	Full Day	Full Day	Full Day	Full Day
Half Day	Half Day	Half Day	Half Day	Half Day
Aug. 3 rd - 6 th	Aug. 9 th -13 th	Aug. 16 th -20 th	Aug. 23 rd -27 th	
Full Day	Full Day	Full Day	Full Day	
Half Day	Half Day	Half Day	Half Day	

KINDERCAMPS

July 5 th , 7 th , 9 th	July 12 th , 14 th , 16 th	July 19 th , 21 st , 23 rd	July 26 th , 28 th , 30 th
Aug 4 th , 6 th	Aug 9 th , 11 th , 13 th	Aug 16 th , 18 th , 20 th	Aug 23 rd , 25 th , 27 th

To register for any of our summer classes, fill out the registration form and return it to Titans in person. **Payment must be made in full to reserve a spot!**

Cancellation policy: One weeks notice of cancellation to receive refund.

Sick policy: No refunds given, another day substituted, pending availability. Doctor's note required for extended illness.

OFFICE USE ONLY

Payment amount: _____

MOP: _____

Date paid: _____