

**S.S.J. SUMMER YOUTH CAMP**  
**REGISTRATION FORM**

The S.S.J. Arena and staff are organizing a summer youth camp program for children in the surrounding area.

Child's Name: \_\_\_\_\_ Date of Birth/Age: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alt Phone: \_\_\_\_\_

Mother's Name \_\_\_\_\_ Father's Name: \_\_\_\_\_

Contact person in case of emergency

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

Address: \_\_\_\_\_

**COST:**

**Register before June 1<sup>st</sup>:**

\$120.00 per child up to 2 siblings  
\$ 60.00 for each additional sibling

**Register after June 1<sup>st</sup>:**

\$130.00 per child up to 2 siblings  
\$ 70.00 for each additional sibling

Shirt sizes (Please circle size required)

Youth:      Small      Medium      Large

Registration forms are to be completed and fees paid prior to start date of Friday June 22<sup>nd</sup> 2018.

**ACKNOWLEDGEMENT AND CONSENT**

**Name:** \_\_\_\_\_

*By checking this box in lieu of signature, I acknowledge that I have read and fully understand this document and consent that the information may be used to register my child for the SSJ Summer Youth Camp.*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please fill out Medical information on reverse

**CURRENT MEDICAL CONDITIONS**

Allergies	Yes	No	Regular Medication	Yes	No
Type _____			Heart Condition	Yes	No
Medical Alert	Yes	No	Any Recent Injuries	Yes	No
Asthma	Yes	No	Has had and Illness lasting more than one week	Yes	No
Diabetic	Yes	No	Surgery in the past year	Yes	No
Epileptic	Yes	No	Been in Hospital in the past year	Yes	No
Wears Glasses	Yes	No	Any other Health problems that may interfere with playing ball hockey	Yes	No
Shatterproof lenses	Yes	No			
Wears Contacts	Yes	No			
Hearing Problem	Yes	No			

Please provide more details if Yes answers were given or if you child's current medical condition is not mentioned above:

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I understand it is my responsibility to keep the S.S.J staff and Youth Camp management advised of any changes in the above information as soon as possible. I also understand that in the event of any injury and no one can be contacted, that the Youth Camp management will admit my child to hospital, if deemed necessary. I hereby, authorize the physician and nursing staff of any Emergency Unit to undertake examination, investigation, and any necessary treatment of my child.

The S.S.J. Youth Camp Staff makes the safety of children a priority! All children must wear proper attire.

I the undersigned give permission for \_\_\_\_\_ to participate in the Youth Camp summer program with the S.S.J. Youth Camp Staff and do hereby absolve the S.S.J. and staff and its volunteers from all, or any liability that may be incurred in respect to the above player.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature