

**CONTACT INFO:**

<b>Student Name:</b>	<b>Date of Birth:</b>
<b>Student Phone/Email (Adult):</b>	
<b>Address:</b>	
<b>Parent/Guardian #1:</b>	<b>Cell:</b>
<b>Parent/Guardian #2:</b>	<b>Cell:</b>
<b>Email Address:</b>	

**EMERGENCY CONTACT:**

*Emergency Contact #1*

NAME:

CELL:

Relation to child -

*Emergency Contact #2*

NAME:

CELL:

Relation to child -

**MEDICAL RELEASE INFO:**

Is your child presently being treated for an injury or sickness?		<b>Y</b>	<b>N</b>
<b>If yes, please explain</b>			
Is your child allergic to anything?	<b>Is it life threatening?</b>	<b>Y</b>	<b>N</b>
<b>If yes, please explain</b>			
Does your child require a special diet?	<b>If yes, please explain</b>	<b>Y</b>	<b>N</b>
Please list any medical concerns,	<b>Including any requiring maintenance medication (ie. Diabetic, Asthma, Seizures, etc)</b>		
Anything else we should know?			

I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill.

Parent's/Guardian's Initials \_\_\_\_\_

## Terms of Agreement

**Tuition Information: \$265 payable to Tri-City Training. This includes all camp activities, coaching, guest instructors, craft activities, excursions, water activities, extra snacks...**

**\$30 for Camp TShirt**

**Cash, Cheque, Credit, or E-Transfer accepted.**

### Photo Release

I hereby give permission for my child to be photographed during the **Tri-City Training Youth Elite Camp**. I understand the photos will be used to keep a journal of activities, to share during powerpoint presentations and/or for promotional purposes including flyers, brochures, newspaper and on the internet. I understand that although my child's photograph may be used for advertising, his or her identity will not be disclosed, I do not expect compensation and that all photos are the property of Tri-City Training Youth Elite Training Camp and its affiliates.

Parent's/Guardian's Initials \_\_\_\_\_

### Transportation Release

**\*\* Only for those campers who have made previous arrangements \*\***

I hereby give permission for the transportation of my child for official **Tri-City Training Youth Elite Camp** activities by modes of transportation agreed to by the camp organizers. WALKING ONLY

Parent's/Guardian's Initials \_\_\_\_\_

The Tri-City Training Youth Elite Training Camp is not responsible for lost or damaged personal property. All scheduled events are subject to change. I understand that no fees will be refunded or transferred unless a child is unable to participate due to an accident or illness per physician orders. Children's' photos and quotes may be used for publicity purposes. In case of an emergency, and if a family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, and/or Physician).

Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name of Parent/Guardian: \_\_\_\_\_

Tri-City Training Witness: \_\_\_\_\_

Date: \_\_\_\_\_

I authorize \_\_\_\_\_ to participate in the Tri-City Training walking excursions - "Mole Hill"/"100 Steps"/"Lourde's Track"/ Howlett Park

Parent's Name (PRINT) \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- More information regarding the specific camp itinerary will be provided