

# ULTIMATE STRIDE CAMP REGISTRATION FORM

PARTICIPANT INFORMATION			
First:		Last:	
Playing level:	Birth date: / /	Age:	Sex: M / F
Address:		Home phone no.: ( )	
P.O. box:	City:	Province:	Postal Code:
MEDICAL INFORMATION			
Please indicate any known allergies or other special medical considerations.			

PARENT/GUARDIAN INFORMATION			
First:		Last:	
Relationship to Participant:			
If different from Participant's please complete the below			
Address:	Home phone no.: ( )	Mobile phone no.: ( )	
P.O. box:	City:	Province:	Postal Code:
Email:			

EMERGENCY CONTACT			
In the event that the above parent/guardian cannot be reached, an alternate			
Name:	Relationship to participant:	Home phone no.:	Mobile phone no.:
Name:	Relationship to participant:	Home phone no.: ( )	Work phone no.: ( )
_____ <i>Patient/Guardian signature</i>		_____ <i>Date</i>	

**PROGRAM REGISTRATION & PAYMENT**

- Full Day Camp \$689 + HST
- Half Day Camp \$399 + HST

Credit card  
Credit Card Number & Expiry:

Check

Cash

Billing Address for payment by credit card

Address:

Home phone no.:

(     )

P.O. box:

City:

Province:

Postal Code:

I \_\_\_\_\_ authorize the credit card payment of the above selected program including applicable provincial tax charges.

\_\_\_\_\_  
*Patient/Guardian signature*

\_\_\_\_\_  
*Date*