

2010 SUMMER RINGETTE CAMP REGISTRATION FORM

Three Different Ways to Register:

By Mail: Friends of Ringette Society
Box 3148
Ft. Saskatchewan, Alberta
T8L 2T1

By Fax: 780-998-0425

By E-mail: Scan your completed camp registration form and email it to us at
UniversityRingette@gmail.com

Please Note: registrations are processed on a first come, first served basis. Incomplete registration forms will not be processed.

Please Provide Us With the Following Important Information:

Child's Last Name

Child's First Name

Parent/Guardian's Name

Mailing Address

City

Province

Postal Code

Home Phone #

Business Phone #

Cell Phone #

E-mail Address (please print very clearly & legibly)

Current Age

Date of Birth

Gender

Details of any Medical Conditions:

Emergency Contact Name

Phone Number

Tell Us About the Ringette Played in 09/10 Season: (Please Circle)

Bunny	Novice	Petite	Tween	Junior
	AA	A	B	C
Defense	Forward	Centre		Goalie

Total number of years of ringette played _____

Select the Camp Jersey Required: (Please circle)

Note these are **adult** sizes

XS S M L XL

Select Camp Location & Age Group Desired: (Please check **both** a camp location and an age group)

___ August 9 – 13, Leduc Recreation Centre

___ August 16 – 20, Spruce Grove, Tri-Leisure Centre

___ August 23 – 27, Sherwood Park, Millennium Place

___ Novice (U9)

___ Petite (U11)

___ Tween/Junior (U13/U15)

___ Goaltending instruction requested

Have you previously attended a U of A Ringette Camp? Yes ___ No ___

If yes, please provide details of camp(s) attended (i.e. when, where, age group, etc.)

2010 Ringette Camp Fees are \$395.00 (includes all taxes & fees)

Please indicate your method of payment:

Cheque/Money Order (payable to: Friends of Ringette Society)

Visa

MasterCard

Today's date: _____

Card number: _____

Expiry date: _____

Signature: _____

Full payment must accompany your registration form in order for it to be considered complete and processed. **In no event will camp placements occur prior to full payment being received.**

Please be patient & refrain from calling us simply to check on the status of your registration. Within two weeks of receiving your camp registration form we will send you an email with further details.

Cancellation Policy:

All cancellation requests must be submitted in writing.

The following conditions apply:

- Full refund of fees paid, less \$75.00 administration fee, for cancellations received prior to the start of camp.
- No refund if injury or illness occurs after the camp has started.
- No refund for no-shows.

If you have questions, call us (780) 998-5011 (ask for Bonnie)

Please ensure you complete the consent form on the next page. Without it your summer camp registration form will be considered incomplete and will not be processed.

2010 Summer Ringette Camp Consent Form

Please provide the necessary initials in the spaces provided below

As a condition of registration the PARTICIPANT and PARENT/GUARDIAN agree:

1. To be solely responsible for any personal property lost and any injury, loss or damage sustained unless such injury, loss or damage was caused by the sole negligence of summer ringette camp staff.

Initials (participant) _____ (parent /guardian) _____

2. That the participant and parent/guardian understand, appreciate and accept the inherent physical risks of summer ringette camp activities.

Initials (participant) _____ (parent /guardian) _____

3. That the participant has recently seen a licenced medical practitioner and to the best of my/our knowledge is physically and mentally able to participate in all activities of the summer ringette camp.

Initials (participant) _____ (parent /guardian) _____

4. That the participant will wear full protective equipment demanded by the sport (including shoulder pads) and that the equipment brought to the camp will meet or exceed all minimal CSA and/or Ringette Canada standards.

Initials (participant) _____ (parent /guardian) _____

5. Should the participant be injured during the camp I/we give permission for summer ringette camp staff to provide emergency medical treatment.

Initials (participant) _____ (parent /guardian) _____

The summer ringette camp coordinator reserves the right to assign the participant to a group most appropriate for their age and ability; and to request any participant withdraw from the camp if the participant is not acting in an appropriate and responsible manner; and to cancel any camp with a 100% refund of registration fees.

I understand that this is a legal agreement. It is binding upon me, as well as my heirs, next of kin, executors, administrators, assigns and representatives, in the event of my death or incapacity.

I have read and understand all the terms of this agreement, and by signing this agreement voluntarily I am agreeing to abide to these terms.

Signed this _____ day of _____ 201____, at _____

Signature of Camp Participant _____

Signature of Parent/Guardian _____

Printed name of Parent/Guardian _____