

# PA DAY Multi-Sport CAMPS

## 2011-12 School Year

HALTON CATHOLIC & DISTRICT SCHOOL BOARDS  
2011-12 PA DAYS

Oct 7      Apr 27  
Nov 18    June 8  
Feb 3

### CAMP DETAILS FOR AGES 7-12!

**FULL DAYS:** 9am - 4pm  
(8am drop off, Pick up at 4 to 5pm)

\***BONUS** - No extra cost for drop off and pick up times

- Field sports on our turf fields including: Soccer, Touch Football, Ultimate Frisbee, Soccer Baseball and more!
- Gym sports including: Basketball, Floor Hockey, Dodge Ball and more!

Lunch provided!  
(Pizza and Juice)

### FACILITY

- 2 x fields approx. 60' x 150' (No boards)
- Gymnasium approx. 80' x 40'

### PRICING

**\$45** (Incl. HST)  
Per Date  
Per Player

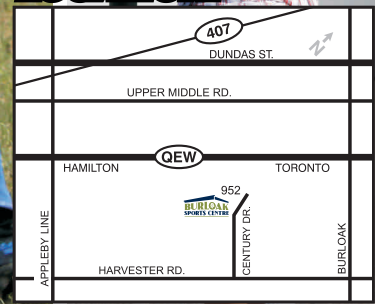
FREE extended care with 8am drop off & 4-5pm pick up!



**STATE  
OF-THE-ART  
TURF**



### LOCATION:



Registration forms are available online at  
**BURLOAKSPORTSCENTRE.CA**

or at the Burloak Sports Centre.  
Contact us @ 905-631-0000 ext. 200  
or [obrien@burloaksportscentre.ca](mailto:obrien@burloaksportscentre.ca)



# REGISTRATION FORM (Please print)

Once completed, please fax to 905-631-0001 or drop off at Burloak Sports Centre (952 Century Dr., Burlington, ON L7L 5P2)

## P.A. DAY MULTI-SPORT CAMPS 2011-12

Participant's Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

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

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Participant's Date of Birth (yyyy/mm/dd): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Sex:  Male  Female

E-mail: \_\_\_\_\_

Allergies, Medication Concerns, or special needs that we should be aware of: \_\_\_\_\_

Participant's Health Card Number: \_\_\_\_\_

### ★ Emergency Contact Information

Emergency Contact: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_

### ★ Parent/Guardian Consent

All participants must be signed out from camp by an authorized person. Please identify ALL individuals who can sign out your child.

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

### Which date(s) are you registering for?:

- October 7, 2011       April 27, 2012
- November 18, 2011       June 8, 2012
- February 3, 2012

Price: Each date: **\$45.00** (Includes HST)

Payment Options:  Cash     Cheque (Payable to Burloak Sports Centre)     Visa     MasterCard

Credit Card #: \_\_\_\_\_ Expiry: \_\_\_\_\_ / \_\_\_\_\_

*REGISTRATION CANCELLATIONS ARE SUBJECT TO A \$25 SERVICE CHARGE.*

THE UNDERSIGNED IS RESPONSIBLE FOR THE CONDUCT OF THE PLAYER WHILE PARTICIPATING IN THIS PROGRAM. THE PLAYER SHALL BE GOVERNED BY THE RULES ESTABLISHED BY 2212336 ONTARIO LIMITED. MISSED CLASSES WILL NOT BE REIMBURSED. IT IS UNDERSTOOD THAT THE UNDERSIGNED PERSON OF LEGAL AGE OR LEGAL GUARDIAN SHALL NOT HOLD 2212336 ONTARIO LIMITED OR THEIR INSTRUCTORS, ADMINISTRATORS, OFFICIALS, OR THE FACILITY USED LIABLE IN THE EVENT OF INJURY OR LOSS IN ANY MANNER WHATSOEVER. I SPECIFICALLY WAIVE, GIVE UP AND RELEASE 2212336 ONTARIO LIMITED, ITS RELATED COMPANIES AND THEIR STAFF FROM ALL LIABILITY FOR ANY CLAIM FOR DAMAGES WHICH I MAY HAVE RELATING TO INJURIES OR ILLNESS THAT MY CHILD MAY SUSTAIN. BY SIGNING THIS WAIVER, I ALSO CERTIFY THAT MY CHILD IS IN GOOD HEALTH, WITH NO CHRONIC ILLNESS OR ABNORMAL TENDENCIES. THE PLAYER LISTED ABOVE IS REGISTERED UNDER THE CARE OF THE UNDERSIGNED AND ASSUMES ALL RISKS THROUGH ENROLLMENT IN THIS PROGRAM WHICH CONSISTS OF PHYSICAL INTERACTION CAPABLE OF INJURY. THE PLAYER MUST WEAR ALL APPROVED SOCCER EQUIPMENT INCLUDING SHIN PADS. I HAVE READ AND UNDERSTAND ALL ITEMS ON THIS PLAYER FORM. I THE UNDERSIGNED AGREE TO ALLOW 2212336 ONTARIO LIMITED AND/OR ITS RELATED COMPANIES TO USE THE PARTICIPANTS' NAMES AND OR PICTURES FOR ADVERTISING PURPOSES.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_