

# CLUB DE CANOË– KAYAK VIKING CANOE & KAYAK CLUB

## 2024 CANOË-KIDS SUMMER PROGRAM REGISTRATION FORM



Child #	Child's Name	Date of Birth (dd-mm-yyyy)	Provincial Health Card Number	Camp Date(s)
1				
2				
3				

**Note:** Canoë Kids Camp age range is from 6 to 11 years old.

Parent's Full Name:	
Street Address:	
City:	
Province, Postal Code:	
Home Phone Number:	
Work Phone Number:	
Cell:	
E-Mail:	

Camp Dates are (the weeks of):

June 24 <sup>th</sup>		July 1 <sup>st</sup>		July 8 <sup>th</sup>		July 15 <sup>th</sup>	
July 22 <sup>nd</sup>		July 29 <sup>th</sup>		August 5 <sup>th</sup>		August 12 <sup>th</sup>	

Camps are Monday through Friday, 8:30 a.m. to 12:30 p.m.

FEES: Children <sup>4</sup> must be from the same family	Total Cost per Child (pay by cheque or cash)	Total Amount Paid
Child 1	\$150.00	
Child 2 <sup>2</sup>	5% discount \$142.50	
Child 3 <sup>3</sup>	10% discount \$135.00	
<b>TOTAL:</b>		

<sup>2</sup>5% off for a second child    <sup>3</sup>10% off for each additional child, per family<sup>4</sup>

### **WAIVER (Must be signed by the legal guardian)**

I hereby release the Viking Canoe & Kayak Club, the organizers, coaches/counsellors and volunteers from all liability for injury sustained by my child and his/her participation in Club activities. I also give full permission for the use of my children's pictures in connection with any publicity of this day camp.

#### **Please check your choice**

- I consent to the disclosure or communication of my personal information to third parties, including, but not limited to, Club de canoë-kayak Viking, Canoë-Kayak Québec, Sport Québec, Institut national du sport du Québec, et Canoe Kayak Canada. **A requirement for registration.**

**OR**

- I do not consent to the disclosure or communication of my personal information to third parties, including, but not limited to, Club de canoë-kayak Viking, Canoë-Kayak Québec, Sport Québec, Institut national du sport du Québec, et Canoe Kayak Canada. **If this option is chosen we cannot accept your registration.**

#### **Integrity protection:**

I acknowledge that the policy, rules, and procedures for protecting the integrity of L'ASSOCIATION QUÉBÉCOISE DE CANOË-KAYAK DE VITESSE are in effect and each member must be aware of, and comply with, these.

### **Please note the following conditions:**

- A. Children will be registered on a first-come first-served basis, with priority given to weekly registrations.
- B. No registration will be accepted or considered complete without payment in full.
- C. Day registrations will be accepted under the following conditions
  - A minimum of 5 days must be purchased, but may be used across several weeks
  - Days must be reserved in advance and will only be accepted if space in the camp permits for the days requested.
  - Sole Exception: With the approval of the Camp Counsellor, and space permitting, a child can be registered for a 1-day try-out (\$35/day) one time only. If the parent decides to register their child the \$35 will be applied towards the weekly registration.
- D. There will be no refunds of unused days.

Parent/Legal Guardian: \_\_\_\_\_

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

Date (dd/mm/yy): \_\_\_\_\_

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### MEDICAL INFORMATION

Name of Camper (1):	
Medications:	
Allergies:	
Medical Conditions**:	
Recent Injuries**:	
Last Complete Physical Exam:	
Last Tetanus Shot:	

Name of Camper (2):	
Medications:	
Allergies:	
Medical Conditions**:	
Recent Injuries**:	
Last Complete Physical Exam:	
Last Tetanus Shot:	

Name of Camper (3):	
Medications:	
Allergies:	
Medical Conditions**:	
Recent Injuries**:	
Last Complete Physical Exam:	
Last Tetanus Shot:	

Any medical condition or injury problem should be checked by your physician before participating in any of the camp programs.

**Person to contact in case of accident or emergency**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Relationship to Camper: \_\_\_\_\_

How did you hear about the Viking Canoe & Kayak Club :

\_\_\_\_\_

\*\*Any information not covered (at left) that your coach should be aware of:

\_\_\_\_\_  
 \_\_\_\_\_

\*\*Any information not covered (at left) that your coach should be aware of:

\_\_\_\_\_  
 \_\_\_\_\_

\*\*Any information not covered (at left) that your coach should be aware of:

\_\_\_\_\_  
 \_\_\_\_\_

I understand that it is my responsibility to keep the coaches advised of any changes in the medical information provided as soon as possible.

**PARENT’S SIGNATURE:**

\_\_\_\_\_

**DATE:** \_\_\_\_\_