

MARCH BREAK CAMP 2010

MARCH 1-5



<http://lions.slc.qc.ca>

English Basketball Camp 2010

COST: 150\$

-First Child of the family 150\$

-Second Child or more of the same family 130\$ each

T-shirt size: **Adult** XS S M L XL

NAME OF CAMPER: _____ **Sex** **Age at camp**

Birth date: / / Health card#: _____

Address: _____

City: _____ Postal code: _____ Home tel: _____

E-Mail: _____

MEDICAL HISTORY (Do you suffer from the following ?)

Fainting Asthma Nose bleeds

Allergies: _____

Other: _____

SCHOOL INFORMATION

School Name: _____

PARENT INFORMATION:

Father's name: _____ Mother's name: _____

Day phone number: _____ Day phone number: _____

Cell phone number: _____ Cell phone number: _____

INCOME TAX RECEIPT MADE OUT TO: **Father** **Mother**

SOCIAL INSURANCE NUMBER (Obligatory for tax receipt emission): _____

MEDICAL TREATMENT AUTHORIZATION

I authorize duly assigned members of Champlain St. Lawrence to manage and provide first aid in the case of injury. I also authorize transportation by ambulance or other means to health care facility and will be billed for it.

Signature: _____

Date: _____

AUTHORIZATION

3. I authorize Champlain-St. Lawrence to take pictures of my child and to use them for promotional and informational purposes.

Signature: _____ date: _____

No refund

Return your form and your cheque payable to Champlain-St. Lawrence c/o Basketball Camp, 790 Nérée-Tremblay, Québec, G1V 4K2 **BEFORE FEBRUARY 19 2010.** Cheque must be dated Feb 22 2010.