

Please complete the registration form and mail along with your cheque to 8000 Bathurst St. Unit 1. PO BOX 30073. Vaughan Ont. L4J 0B0 – **payable to Revi Laufer**. Full payment must be made upon registration. **REGISTER BY MAY 31ST**, 2011 to secure a spot!

Registration Form

Last Name: _____ First Name: _____
 Address: _____
 City: _____ Postal Code: _____
 Home Phone: _____ Cell/Office Phone: _____
 E-mail Address (required for communication): _____
 Medical Condition / Health concerns: _____
 Health Card Number: _____
 Name of Parent or Guardian(s): _____
 Date of Birth: Day _____ / Month _____ / Year _____ / Age _____

Below are the Sports Specialty programs and sessions. Please place a check mark next to your chosen sport and session(s) selection:

<u>Session</u>	<u>Dates</u>	<u>All Sports</u>	<u>Basketball</u>	<u>Soccer</u>	<u>Tennis</u>	<u>Floor Hockey</u>
1	June 27 - July 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	July 4 - July 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	July 11 - July 15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	July 18 - July 22	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	July 25 - July 29	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In case of emergency please contact: _____ Relation: _____
 Phone Number: _____

Behaviour Code:

Campers who behave disruptively and/or in a manner that limits the learning or enjoyment of other campers will be subject to expulsion.

Waiver:

I, the undersigned, submit that my child is physically fit to participate in strenuous athletic activity and hereby waive and release R&B Sports, their affiliates, employees, directors, facilities and all other related parties of any and all liability or responsibility in the case that my child should experience illness or injury during his/her participation in the program. I hereby authorize the staff of R&B Sports to act accordingly to their best judgment in any emergency requiring medical attention. I understand that I am solely responsible for any such medical expense over and above OHIP coverage. My signature on this Waiver also indicates that the above named is covered by my personal insurance. I and my child have also read and understand the behaviour code.

Applicant Signature: _____
 Parent Signature: _____
 Date: _____

**For further information please call (416) 520 - 7372
 E-mail: randbsports@gmail.com**