



**J4K Camps Summer 2010**

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ M  F   
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_  
 Parents Names: \_\_\_\_\_ Club: \_\_\_\_\_  
 Health Card #: \_\_\_\_\_  
 Please list any medical conditions/concerns: \_\_\_\_\_

T Shirt Size: \_\_\_\_\_ Pant Size: \_\_\_\_\_ Glove Size: \_\_\_\_\_

City (please tick the appropriate box)	Address	Time	Cost
<input type="checkbox"/> Toronto August 16 - 20	Lamareaux Park	9am - 12pm	\$210.00
<input type="checkbox"/> Woodbridge August 23 - 27	Joan of Arc H.S Turf Field	9am - 12pm	\$210.00

**Cheques Payable to:** Just 4 Keepers *Please note a \$25 .00 charge will apply to all returned cheques.*

**Cancellation Policy:** Requests for refunds must be submitted in writing prior to the first session. A \$50.00 administration fee will be applied to all refunds. There will be no refunds once a program commences. In the event that another student fills the spot then a credit note minus the \$50.00 administration fee will be provided to be used against the cost of future J4K programs.

**Consent / Waiver Info \*REQUIRED\***

Student's Name: \_\_\_\_\_ Date: \_\_\_\_\_

**General:** I authorize Just4Keepers Canada permission to take Photos and Videos of son/daughter \_\_\_\_\_ in training sessions when required. Pictures/videos taken may be used only for promotional purposes and for training logs.

**Release/Waiver of Liability for a Minor Child:** I the undersigned, individually and as parent or guardian of my son/daughter \_\_\_\_\_, a minor, ask that he/she be admitted to participate in Just4Keepers Canada's training. In consideration of such admission, I do hereby agree to release, discharge and hold harmless the directors of Just4Keepers Canada and its employees from all causes, liabilities, damages, claims or demands whatsoever on account of any injury or accident involving the said minor arising out the minor's attendance during the program.

**Medical Authorization / Release:** I hereby authorize the directors and coaches of Just4Keepers Canada to provide care and medical treatment as necessary to my son/daughter \_\_\_\_\_. In the event that an illness or injury would require more extensive evaluation or treatment, I understand that every reasonable attempt will be made to contact me. However, in the event of an emergency, if I cannot be reached, I hereby give consent for emergency care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my dependent.

**Privacy Policy:** All personal information collected for billing, administration and J4K purposes will not be shared with, or forwarded to, a third party at any time without the permission of the client.

**I the undersigned, have reviewed and understood all the above information:**

Print Name of Parent/Guardian or Legal Age Student X \_\_\_\_\_

Parent/Guardian or Legal Age Student Signature: X \_\_\_\_\_