



2017 SUMMER CAMP REGISTRATION FORM

Diver's Surname: _____ Diver's Given Name: _____

Age: _____ Sex: _____ Date of Birth: _____ Health Card # _____

Address (street, city, postal code): _____

Parent's/Guardian's Name: _____

Home Phone: _____ Cell/Pager: _____

Business Phone: _____ Email Address: _____

Family Doctor's Name and Phone #: _____

Medical Concerns (allergies, medications, etc.): _____

Emergency Contact Info. (name, number and relation): _____

WEEKS:

(please circle the week you wish to attend)

Mon - Fri 9:00 am- 3:00 pm

Fee: \$250.00

Extended hours:

3:00pm - 5:00pm (\$50:00 extra)

WEEK 1: July 3 – 7

WEEK 2: July 10 – 14

WEEK 3: July 17 – 21

WEEK 4: July 24 – 28

WEEK 5: July 31 – Aug 4

WEEK 6: Aug 14 – 18

WEEK 7: Aug 21 – 25

WEEK 8 Aug 28– Sep 1

1. If class numbers are insufficient, you will be given the option of changing classes or refund of fees.
2. If you wish to cancel your participation, you must do so prior to the first class. A \$20.00 cancellation fee will be charged.
3. In an emergency, if parent or emergency designate cannot be contacted, permission is given to the Etobicoke Diving Club Inc. to seek medical assistance and treatment as may be deemed necessary.
4. The Etobicoke Diving Club Inc. will attempt to provide every safeguard to ensure the safety, health, and welfare of each participant. The Etobicoke Diving Club Inc., all of its members, directors, coaches, and instructors will be released from any or all losses, damages, expenses, costs, claims, actions, and demands of whatever nature arising from the participation of the persons so named above in any and all programs stated on this form.

Payment due upon registration by cash or cheque payable to :
Etobicoke Diving Club

Signature of Parent/Guardian

_____ Date: _____

E-mail this form to:
info@etobicokediving.org



FOR INFORMATION PLEASE CALL 416 622 6001 or visit WWW.ETOBICOKEDIVING.ORG