



CAMP REGISTRATION FORM

Athlete Name _____

Address _____

City _____ Prov _____

Parent's Name _____

Parent's Email Address _____

Emergency Phone: Home _____ Work _____

Cell _____

Athlete Health Card Number _____

Athlete Shirt Size (When Applicable)

YS _____ YM _____ YL _____ AS _____ AM _____ AL _____ AXL _____

Please Indicate any Allergies or Medication

I understand and acknowledge by my signature below, that in consideration of my child's participation in any lesson, clinic or independent personal use of the Peak Performance Athletics training centre, I, individually, and on behalf of my minor child, hereby release and forever discharge Peak Performance Athletics Ltd., its officers, and employees and contractors, from all liability, damage or expense of any kind to my child or myself, which may arise out of the use of the facility or participation in any activities related to the Peak Performance Athletics training centre. This waiver also extends to the transportation of my child to and from the Peak Performance Athletics organized activities held at local athletic fields.

Participant Name Parent/Guardian Name Parent/Guardian Signature Date