



info@SuperiorRockCamp.com

(807) 472-5372

2011 APPLICATION FORM

Camper's Name _____ Age _____

T-shirt size (youth or adult) _____

Full Address _____
(required) _____

Parent/Legal Guardian Name(s) _____

Phone (h) _____

(w) _____

(c) _____

Email Address _____

Where did you hear about us? _____

You must complete the attached Medical Form, Student Information Sheet, and Permission Slip and Waiver with this form.

Please indicate which session you would like to attend.

_____ March 14 – 18

_____ July 25 – 29

Parent/Legal Guardian Signature _____ Date _____



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SUPERIOR ROCK CAMP 2011 Permission Slip and Liability Waiver

Welcome to Superior Rock Camp! We ask that you read the following information and provide your signed authorization to allow your child to participate in our program. Should you have any questions or concerns, please do not hesitate to contact us.

Please read carefully: this document affects your rights, and those of your child participating in our program.

Recognizing that Superior Rock Camp will do its best to ensure a safe experience, I understand that certain dangers or accidents may occur. I hereby release Superior Rock Camp, including its employees, volunteers, or agents from all responsibility and liability of any nature, including claims for injury, illness, death, loss or damage, resulting from my child's participating in program activities, whether due to the negligence of Superior Rock Camp or any of its employees, volunteers, or agents. The undersigned, for himself or herself and for his or her child named, hereby irrevocably assumes full responsibility for, and risk of bodily injury or property damage inflicted by, to or affecting child named.

Media Consent: Photos and video of activities are taken throughout the week. Some photos may be printed in the camp newsletter or included on the Rock Camp website. If you would like to place conditions on your child's photos/video or have your child removed from groups where photos/video are taken, please indicate your wishes in the "Comments" space.

My child has permission to be photographed and to receive photos from the day's activities.
Check One: Yes No

Comments / Conditions: _____

I agree that my child will abide by the zero tolerance policy regarding the use of any drugs, alcohol, or tobacco in place for the Camp. Any camper found violating this policy will have parents called and will be removed from the camp and/or concert immediately. **Please be advised that tuition is non-refundable under these circumstances.**

I agree that Superior Rock Camp holds the right to remove any student from the camp that demonstrates unacceptable behaviour, such as bullying, theft, and disrespecting staff, volunteers and other campers. This includes behaviour that impedes the learning experience of other campers. **Please be advised that tuition is non-refundable under these circumstances.**

Child's Name

Date

Parent/Legal Guardian's Name

Parent/Legal Guardian's Signature



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CONFIDENTIAL MEDICAL FORM

First Name _____ Last Name _____

Date of Birth _____ M ___ F ___

Address _____

Health Card Number _____

Doctor Name _____ Phone _____

List all medications being taken and dosage _____

List and provide details of all medical conditions, recent or pre-existing injuries, major surgical procedures, or any condition that could affect you at camp. Please include any asthma, epilepsy, or diabetes and management. Use back of page if necessary.

List all **ALLERGIES**, level of reaction, and usual treatment.

Emergency Contact During Camp _____

Relationship _____

Phone (h) _____ **(w)** _____ **(c)** _____

I authorize the Camp Directors to disclose all medical information to a third party in the event that medical treatment is required. I also authorize transport to the nearest medical facility if treatment is so required. I understand I will be contacted in all cases.

Parent/Legal Guardian Name _____ Phone _____

Signature of Parent/Legal Guardian _____ Date _____



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PAYMENT AUTHORIZATION FORM

Camper's Name:

Paid by:

(Please Print)

Payment Method:

Cash

Cheque/M.O.

Credit Card

Payment Amount:

Cheque/M.O. No.:

(If Applicable)

Please note: If paying by credit card, full payment is due with registration.

I, _____, authorize Superior Rock Camp to charge my credit card in the amount of \$ _____ CAD.

Name as it appears on card:

(Please Print)

Credit Card:

VISA

MASTERCARD

AMEX

Card Number:

Expiration Date:

CVV Number:

(3-4 digit security code)

Signature:

Date: