



# HOLIDAY CAMP 2018/2019



8301 Keele Street, Vaughan, Ontario  
(416) 661-9115

[www.gtasportsplex.com](http://www.gtasportsplex.com)

**NOTE: (Full Day) 9:00am to 3:30pm**

**Extended Hours: 8:00am-5:30pm**

**\$25 per day or \$99 for 5 days**

<u>Date(s)</u>	<u>Hot Lunch</u> <u>\$7 per day</u>	<u>Extended Care</u> <u>\$7 per day</u>	<u>NOTES</u>
December 27	Yes or No	Yes or No	
December 28	Yes or No	Yes or No	
January 2	Yes or No	Yes or No	
January 3	Yes or No	Yes or No	
January 4	Yes or No	Yes or No	

**Please print and circle appropriate boxes)**

Child's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Birthday: \_\_\_\_\_ Gender:    M or F Allergies: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_  
 Home#: \_\_\_\_\_ Mom's# \_\_\_\_\_ Dad's#: \_\_\_\_\_

**Waiver Information:** I expressly assume all risk and injury, or that may be sustained during the March/Summer/Holiday Camp. I hereby release, acquit and discharge Sportsplex Ltd, Vaughan Sportsplex II and GTA Sportsplex. Inc, its successors and assigns, and its directors, agents and employees of and from all claims liability of any kind which agree that I will not sue or commence any action of any kind against Sportsplex Ltd, Vaughan Sportsplex II and GTA Sportsplex. Inc its successors and assigns and its officers, directors, agents, or employees. In consideration of my child/ward being permitted to participate in the March Break/Summer/Holiday Camp I agree to hold harmless Sportsplex Ltd, Vaughan Sportsplex II and GTA Sportsplex. Inc, its successors and assigns, and its officers, directors, agents, and employees of and from any claims, demands, liability, or judgments made by or on behalf of my child/ward arising out of or during my child/ward's participation in the March Break/Summer camp/Holiday Camp. **(No Refunds)**  
**(Do not send peanut/nut products with your child)**

PARENT NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

PAID IN FULL: CASH/CHEQUE# \_\_\_\_\_ TOTAL PAID: \_\_\_\_\_

OFFICE STAFF: \_\_\_\_\_

**\*\* CHEQUES MADE PAYABLE TO SPORTSPLEX LTD.**