



# GTA All Star Sports Camp (5yrs – 13yrs)

8301 Keele Street, Vaughan, ON 416-661-9115

gtasportsplex.com vaughansportsplex@mail.com

Child's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Allergies: \_\_\_\_\_

Mom's Cell # \_\_\_\_\_ Dad's Cell # \_\_\_\_\_ Email: \_\_\_\_\_

**Waiver Information:** I expressly assume all risk and injury, or that may be sustained during the program. I hereby release, acquit and discharge Vaughan Sportsplex II and Sportsplex Ltd, 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 Vaughan Sportsplex II. and Sportsplex Ltd, its successors and assigns and its officers, directors, agents, or employees. In consideration of my child/ward being permitted to participate in the program, I agree to hold harmless the Vaughan Sportsplex II and Sportsplex Ltd, 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 program. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Vaughan Sportsplex II, Sportsplex II, Vaughan Sportsplex Inc, Sportsplex Ltd, Vaughan Sportsplex 2 and GTA Sportsplex Limited & their directors, officers, employees, agents and representatives (all of whom are hereinafter collectively referred to as "Vaughan Sportsplex") and to waive any and all claims, demands, or causes of action, that I have or may have in the future against, Vaughan Sportsplex and to release, Vaughan Sportsplex from any and all liability for any loss, damage, expense or injury including death that I may suffer or that my family, heirs, assigns, personal representatives and estate may suffer as a result of my participating in Vaughan Sportsplex 2 Indoor Soccer League. **(No Refunds)**

I AGREE

PARENT NAME (PRINT NAME): \_\_\_\_\_

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

## SUMMER CAMP RUNS FROM JULY 2nd to AUGUST 30th

SESSION	EXTENDED CARE \$35 <i>Extended Hours: 8:00am-5:30pm</i>	HOT LUNCH \$35	HALF DAY/FULL DAY <small>CIRCLE SELECTION</small>
July 2nd - July 5th			\$99/\$149
July 8th - July 12th			\$99/\$149
July 15th - July 19th			\$99/\$149
July 22nd - July 26th			\$99/\$149
July 29th - August 2nd			\$99/\$149
August 6th - August 9th			\$99/\$149
August 12th - August 16th			\$99/\$149
August 19th - August 23rd			\$99/\$149
August 26th - August 30th			\$99/\$149

(\*\*\*Do not send ANY Peanut/Nut Products with your child!\*\*\*)

Children require 2 snacks (full day), drinks, and lunch (if not on lunch program)

Each Child must have an individual labeled snack and lunch bag

PLEASE KEEP THIS FORM AS YOUR TAX RECEIPT \*\$5.00 surcharge to reissue receipt\*

## \$375 for 4 weeks until June 1st

Method of payment: cheque, cash, gift card or e-transfer

Staff initials \_\_\_\_\_

