



# ORIGIN HOOP BASKETBALL CAMP

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 participation at Vaughan Sportsplex II.

**NO REFUNDS**

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

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

CAMP WEEKS	ORGIN BASKETBALL CAMP - \$175 9am - 12pm Ages 6-11	ORGIN BASKETBALL CAMP - \$175 1pm - 4pm Ages 12-17
AUGUST 3RD - 6TH		
AUGUST 9TH - 13TH		
AUGUST 16TH - 20TH		
AUGUST 23RD - 27TH		
AUGUST 30TH- SEPTEMBER 3RD		

**(\*\*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\***

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

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

