



**HOLIDAY CAMP 2021**  
**GTA SPORTSPLEX X ORIGIN HOOPS**  
 8301 Keele Street, Vaughan, ON 416-661-9115  
 gtasportsplex.com vaughansportsplex@mail.com



Childs First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

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

Parents: 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, director, 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/wards participation in the three program. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Vaughan SportsplexII, Sportsplex II, Vaughan Sportsplex Inc, Sprtsplex 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: \_\_\_\_\_

**PLEASE BE ADVISED CHILDREN 12 AND OLDER MUST BE FULLY VACCINATED**

DATES	MULTI SPORT CAMP	ORIGIN HOOPS BASKETBALL CAMP	EXTENDED CARE	HOT LUNCH
	<b>FULL DAY \$199</b> Ages 5 - 13 Time: 9AM-4PM	<b>HALF DAY \$145</b> Ages 5 - 10 Time: 9AM-12PM  Ages 11 - 13 Time: 1PM-4PM	<b>ADDITIONAL \$40/WEEK</b> Time: 8AM-5:30PM	<b>ADDITIONAL \$30/WEEK</b>
<b>DECEMBER 20TH - 23RD</b>				
<b>DECEMBER 27TH - 30TH</b>				

PLEASE KEEP THIS FORM AS YOUR TAX RECEIPT \*\$5.00 surcharge to reissue receipt:  
 Method of payment: cheque, cash, or e-transfer( please note Childs name in Memo) **Staff initials** \_\_\_\_\_