



PA DAY CAMP

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, Sptsplex 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: _____

DATES	PA DAY CAMP \$50/DAY TIME: 9AM-3:30PM AGES: 7 - 12	PA DAY CAMP \$249 / SIX DAY PACKAGE TIME: 9AM-3:30PM AGES: - 7 - 12	EXTENDED CARE \$7 TIME: 8AM-5:30PM	HOT LUNCH \$7 ADDITIONAL
September 23/22				
October 21/22				
November 18/22				
January 20/23				
February 3/23				
June 2/23				

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