

**S.S.J. SUMMER YOUTH CAMP**  
**REGISTRATION FORM**

The S.S.J. Arena will be holding a Summer Youth Camp please fill out this form and ensure all areas are completed. Spots are limited, so in order to ensure your child can attend please return form and pay the fee. Forms can be returned to 14 Albert Street, Sundridge ON or emailed to: [ssjarena@strongtownship.com](mailto:ssjarena@strongtownship.com)

Child's Name: \_\_\_\_\_ Date of Birth/Age: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alt Phone: \_\_\_\_\_

Mother's Name \_\_\_\_\_ Father's Name: \_\_\_\_\_

Contact person in case of emergency

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

**Cost per week:**

\$140.00 per child up to 2 siblings,  
each additional sibling after will be \$70.00

Shirt sizes (Please circle size required)

Youth:        Small        Medium        Large

Registration forms are to be completed and fees paid prior to start date of the program, failure to do so may jeopardize your child's attendance.

**ACKNOWLEDGEMENT AND CONSENT**

Name: \_\_\_\_\_

***By checking this box in lieu of signature, I acknowledge that I have read and fully understand this document and consent that the information may be used to register my child for the SSJ Summer Youth Camp.***

**Please fill out Medical information on reverse**

**CURRENT MEDICAL CONDITIONS**

Allergies	Yes	No	Regular Medication	Yes	No
Type _____			Heart Condition	Yes	No
Medical Alert	Yes	No	Any Recent Injuries	Yes	No
Asthma	Yes	No	Has had and Illness lasting more than		
Diabetic	Yes	No	one week	Yes	No
Epileptic	Yes	No	Surgery in the past year	Yes	No
Wears Glasses	Yes	No	Been in Hospital in the past year	Yes	No
Shatterproof lenses	Yes	No	Any other Health problems that may interfere with playing ball hockey	Yes	No
Wears Contacts	Yes	No			
Hearing Problem	Yes	No			

Please provide more details if Yes answers were given or if you child's current medical condition is not mentioned above:

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I understand it is my responsibility to keep the S.S.J staff and Youth Camp management advised of any changes in the above information as soon as possible. I also understand that in the event of any injury and no one can be contacted, that the Youth Camp management will admit my child to hospital, if deemed necessary. I hereby, authorize the physician and nursing staff of any Emergency Unit to undertake examination, investigation, and any necessary treatment of my child.

The S.S.J. Youth Camp Staff makes the safety of children a priority! All children must wear proper attire.

I the undersigned give permission for \_\_\_\_\_ to participate in the Youth Camp summer program with the S.S.J. Youth Camp Staff and do hereby absolve the S.S.J. and staff and its volunteers from all, or any liability that may be incurred in respect to the above player.

Name: \_\_\_\_\_

***By checking this box in lieu of signature, I acknowledge that I have read and fully understand this document and consent that my child can participate in the SSJ Summer Youth Camp to the full extent, unless listed above.***