

# IMPACT CAMP PLAYER INFORMATION FORM

## PARTICIPANT INFORMATION

Participant's Last Name: \_\_\_\_\_  
Participant's First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
E-Mail: \_\_\_\_\_

## PARTICIPANT MEDICAL INFORMATION (BC Residents)

BC Care Card #: \_\_\_\_\_ (*must provide*)  
Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## CANCELLATION & REFUND POLICY

\*50 % refund (less a \$15 admin. fee per camp) will be issued for EACH camp cancellation 2 or more weeks prior to camp start date (unless with medical note ) \*Refunds for camp cancellation less than 2 weeks prior to start date will be CONSIDERED upon: (i) Receipt of written medical recommendation from a Doctor (must be provided within 7 days of the camp end date) (ii) Receipt of written recommendation from the Camp Instructor, stating the circumstances by which the camp is unsuitable (must be provided within 7 days of the camp end date). **Note: Please allow 2-4 weeks for processing of refunds.**

I hereby grant my child named \_\_\_\_\_ permission to participate in the Impact Skill and Team Camps program and, in the event of an accident or injury, authorize supervisors to provide or cause to be provided such medical services as considered appropriate. Impact Camp Program reserves the right to refuse further participation to any participant for behavior infractions.

Yes, I give Impact Skill and Team Camp organizers my consent to take photographs or videos of my child and reproduce such photographs or videos for use in camp promotional materials or publications.

Signature: \_\_\_\_\_

**\*For individual camp registration make cheque payable to: Impact Skill and Team Camp \***

