

Selkirk Saints Volleyball Camp 2010 Registration

(Please fill out the following):

Aug 23-26 * Grade 7-9

Aug 23-26 * Grade 10-12

Castlegar Gym, 9am - 4pm **\$125**
*lunch included

Castlegar Gym, 6pm - 9pm **\$70**

First Name: _____ Last Name: _____

Age: _____ Date of Birth: ____/____/____ (dd/mm/yy) Male: _____ Female: _____

Parent/Guardian First and Last Name: _____

Mailing Address: _____ City/Prov: _____ Postal Code _____

Home Phone: _____ Work Phone: _____ Fax: _____

Email Address: _____ (please use an address that is checked regularly)

Allergies/Medical Conditions:	Emergency Contact and Telephone:	Medical Number:
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School Name: _____ Coach: _____ Current Grade _____

Playing career SNAPSHOT (optional): _____

T-Shirt Size (please circle one): S M L XL (adult sizes)

Payment Information:

Visa _____ Mastercard _____ Check _____ Money Order _____

Credit Card Number: _____ Expiry Date: ____/____

Payment Amount: \$ _____ (full payment is due upon registration, no refunds after July 15)

Please send your registration and payment(s) to:

Or Fax to:

Community Education – Selkirk College
301 Frank Beinder Way
Castlegar, BC V1N 3J1

(250) 365-3929

Info Line: (250)365-1304

For all registration inquires phone (250) 365-1208

Registration Deadline is August 6, 2010 *Limited Spaces Available*****

Please include a signed waiver with application form (below).



Selkirk Saints Summer Camp Permission and Waiver Form

The Selkirk College Athletics Program takes pride in providing a safe environment for all athletes and summer camp students. All possible effort is made to provide equipment and facilities that are clean and in good working order. Activities, games, matches and exercises related to any program, athletic event or summer camp are designed to be appropriate and will include qualified and respectable personnel. The Selkirk College Athletics Program recognizes that with any athletic activity there is a certain level of risk and that some circumstances are unpredictable and impossible to control or foresee. Your signature at the bottom of this form will confirm that you have read and understood the following statements.

Waiver Statement for Camper: _____
Please Print Name

I/We, the undersigned, for ourselves, our heirs, executors and administrators, waive, release and forever discharge Selkirk College and it's staff, officers, agents, employees, representatives, successors and assigns from any and all liability, claims, demands, actions and causes of actions whatsoever arising out of or related to any loss, personal injury, including death or property damage that may be sustained or occur during participation in a Selkirk Saints Summer Camp or activities while at camp. I/We voluntarily assume full responsibility for any risk, loss, damage or personal injury, including death that may be sustained as a result of such activity.

I/We, the undersigned, give permission for my/our child to be transported to via Selkirk College vans and/or rental vehicles with a certified driver.

I/We, the undersigned, give permission to Selkirk College to collect video footage, photographs and/or testimonials for promotional purposes. I/We understand that this media may be used for the purpose of public information and/or education and may appear in brochures, newspapers, exhibits or related Selkirk College publications.

Please initial here if you DO NOT give permission for your child to be included in video footage, photos and/or testimonials to be collected for promotion purposes.

Parent/Guardian Signature

Relation

Date

Please Print Full Name of Parent/Guardian