



# SUMMER CAMPS 2019

REGISTRATION FORM



**Participant Information:**

Last Name \_\_\_\_\_ Age \_\_\_\_\_  
 First Name \_\_\_\_\_  
 Address, Street \_\_\_\_\_ Apt# \_\_\_\_\_  
 City, Postal Code \_\_\_\_\_  
 Home/Mobile Phone # \_\_\_\_\_

**Student will be leaving with:**

On their own  With parents  Other adult   
 Name: \_\_\_\_\_

**Payment:**

Last Name \_\_\_\_\_  
 First Name \_\_\_\_\_  
 Address, Street \_\_\_\_\_ Apt# \_\_\_\_\_  
 City, Postal Code \_\_\_\_\_  
 Work/Mobile Phone # \_\_\_\_\_  
 Email Address \_\_\_\_\_

Visa  Mastercard  Amex.  
 Card Number \_\_\_\_\_  
 Exp. month/year \_\_\_\_\_ CVV \_\_\_\_\_

**Emergency Contact:**

1- Name: \_\_\_\_\_  
 Work Phone # \_\_\_\_\_  
 Home Phone # \_\_\_\_\_  
 2- Name: \_\_\_\_\_  
 Work Phone # \_\_\_\_\_  
 Home Phone # \_\_\_\_\_

**Medical Information:**

Medicare Card # \_\_\_\_\_ Exp. date \_\_\_\_\_  
 Illness, Allergies/Other past medical issues: \_\_\_\_\_  
 Other pertinent information: \_\_\_\_\_  
 Does the student have any physical or psychological issues? \_\_\_\_\_  
 Are there any activities in which the student should not participate? \_\_\_\_\_

**If there is a medical protocol, treatment or epipen to be administered to the student by the SPIN staff, please include detailed instructions.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The student must provide written instructions and appropriate medications/supplies for their condition for every day of camp.

**Camps Dates:**

Camp #1 - 24 June to 28 June  
 Camp #2 - 1 July to 5 July  
 Camp #3 - 8 July to 12 July  
 Camp #4 - 15 July to 19 July  
 Camp #5 - 22 July to 26 July  
 Camp #6 - 29 July to 2 August  
 Camp #7 - 5 August to 9 August  
 Camp #8 - 12 August to 16 August  
 Camp #9 - 19 August to 23 August  
 Camp #10 - 26 August to 30 August

**Skill Level:**

Beginner  Intermediate  Advanced




**Group me with:**

I would like to be in the same group as:  
 Full name: \_\_\_\_\_

**Service and Products Available:**

Food, 69.99\$+tx/week  
 1 Lunch + 2 snacks  
 SPIN T-Shirt , 14,99\$+tx

**Camp Partners:**

\* Payment due at time of registration : 249,95\$ +tx. \*\* Cancellation policy: 2 weeks (14 days) before beginning of selected camp week. Spin will retain a 20% cancellation fee.  
 \*\*\* There will be no reimbursements from the 13th day before the selected camp week. \*\*\*\* Registration: during all business hours.  
 \*\*\*\*\* Payment options - On site: Debit/Credit/Cash (no cheque accepted) By phone: Credit Card only.