

Registration and Confidential Health Form

K-W Badminton Club Summer Camp

69 Agnes St., Kitchener, N2G 2E9
(519) 742-1844



K-W Badminton Club Summer Camp 2017

The K-W Badminton Club is happy to offer a one week full-day badminton summer camp for juniors 10-17 years of age in our dedicated badminton facility. This camp will concentrate on Level 4+ skill groups with an excellent player to coach ratio to ensure that juniors get the maximum court time. Any junior (10-17 yrs.) is eligible to join the camp and does not need to be part of a club (Member).

All campers must wear non-marking indoor gym shoes and safety goggles on the court at all times!

Date: Monday, August 21 to Friday, August 25, 2017

Cost: \$300 + HST (Members)

\$330 + HST (Non-Members)

Head Coach: Jinming Lu

This form is essential for your child's safety and enjoyment of our camp. Please take time to fill it out completely and accurately. **PLEASE PRINT.**

Camper's Name: _____ M or F Date of Birth _____

Address: _____

In Case of Emergency, Notify: _____

Relationship to Camper: _____ Phone No. () _____

Family Doctor: _____ Phone No. () _____

Health Card Number: _____

Email Address: _____

Skill Level: _____



LIST ALLERGIES: (please include allergies to food, medications, latex, insects, penicillin, clothing, etc.):

IF YOUR CAMPER HAS ALLERGIES, PLEASE DESCRIBE THE ALLERGIC REACTION AND HOW IT IS TREATED (please include medications taken):

DOES YOUR CAMPER HAVE A HISTORY OF (circle if YES):

Back Problems	Arthritis	Poor Circulation
Abnormal Blood Pressure	Knee/Joint Problems	Abnormal Blood Pressure
Recent Broken Limbs/Sprains	Convulsions/Seizures	Stomach Problems
Diabetes	Bronchitis	Dizziness
Periods of Unconsciousness	Migraines	Past Surgery
Other:		

IF "YES" TO ANY OF THE ABOVE, HAS THE CAMPER BEEN TREATED? EXPLAIN.

IS THE CAMPER STILL ON MEDICATION FOR ANY CONDITION LISTED ABOVE? EXPLAIN.

LIST MEDICATIONS TO BE TAKEN AT CAMP: LIST WHEN TAKEN, HOW OFTEN AND WHO MAY ADMINISTER THE MEDICATIONS:

DOES YOUR CAMPER HAVE ANY SIGHT OR HEARING ISSUES? Yes or No

EXPLAIN.

ARE THERE ANY PHYSICAL OR BEHAVIORAL CONDITIONS THAT MAY AFFECT OR LIMIT YOUR CAMPER'S FULL PARTICIPATION IN CAMP ACTIVITIES? Yes or No

EXPLAIN.



I have read and understand this form's contents completely and have answered the above questions accurately.

I believe that my son/daughter is in good physical condition and that he/she can participate fully in camp activities.

The K-W Badminton Club has my authorization to review and retain this form as protected health information for the purposes of the above program. The camp staff at the K-W Badminton Club has permission to seek and/or administer emergency care for my son/daughter in the event a parent or guardian cannot respond at the time of emergency and has my authorization to provide this form to health care personnel for the purposes of the participant's emergency treatment in that event.

I understand that I have the right to revoke, in writing, this authorization at any time; however, this authorization will automatically expire at the end of the above program.

If for any reason the camp is unable to run, a full refund will be provided. Please make cheques payable to "K-W Badminton Club".

DATE: _____ SIGNATURE OF PARENT: _____

PRINTED NAME OF PARENT: _____

Please deliver or send completed registration forms with a signed cheque to:

K-W Badminton Club

c/o Summer Camp Organizer

69 Agnes Street

Kitchener, ON, N2G 2E9

If you have any questions at all, please email us at kwbadminton@execulink.com