

# Académie Ste-Cécile International School

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## Registration Form for 2021 Sports Day Camp

Instructor: Mr. Adam D'Angelo. ASCIS' Physical Education Teacher and DPA instructor

Please print clearly and complete a separate registration for each student participating in the Summer Sports Camp at ASCIS.

### Student's

Family Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Sex \_\_\_\_\_  
Home Address \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_  
Home Telephone \_\_\_\_\_ Date of Birth \_\_\_\_\_ OHIP # \_\_\_\_\_  
dd / mm / yy

### Father's

Name \_\_\_\_\_ Work Phone # \_\_\_\_\_ Cell # \_\_\_\_\_  
E-mail: \_\_\_\_\_ Signed Initials: \_\_\_\_\_

### Mother's

Name \_\_\_\_\_ Work Phone # \_\_\_\_\_ Cell # \_\_\_\_\_  
E-mail: \_\_\_\_\_ Signed Initials: \_\_\_\_\_

### Legal Guardian's (if applicable)

Name \_\_\_\_\_ Work Phone # \_\_\_\_\_ Cell # \_\_\_\_\_  
E-mail: \_\_\_\_\_ Signed Initials: \_\_\_\_\_

### Student Health Information

Family Doctor's Name: \_\_\_\_\_ Phone Number \_\_\_\_\_

Please detail all illnesses, diseases or all physical disabilities which either have affected or may affect the student's general health, his/her participation in the camp: \_\_\_\_\_

Does this student have any visual and/or auditory difficulties and/or allergies? \_\_\_ No \_\_\_ Yes If "yes", please explain: \_\_\_\_\_

Is this student prescribed an inhaler? If "yes", please explain its purpose and all instructions: \_\_\_\_\_

### CONSENT AND AGREEMENT The student's custodial parents (and/or guardian(s)) must indicate their/his/her/ agreement and choices.

#### 1.0 Camp Period and Fees:

As the parents (and/or legal guardian(s)) of the student, I/we agree to:

1.1 Allow the student to participate in the Sports Day Camp of Académie Ste-Cécile International School ("SDC-ASCIS") during the following weeks of:

Please check applicable weeks for the student's participation:

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> July 5-9, ages 10-16  | <input type="checkbox"/> full day \$185 8am-3pm | <input type="checkbox"/> half day 8am-11am \$105 | <input type="checkbox"/> half day 12-3pm \$105 |
| <input type="checkbox"/> July 12-16, ages 7-9  | <input type="checkbox"/> full day \$185 8am-3pm | <input type="checkbox"/> half day 8am-11am \$105 | <input type="checkbox"/> half day 12-3pm \$105 |
| <input type="checkbox"/> July 19-23, ages 7-9  | <input type="checkbox"/> full day \$185 8am-3pm | <input type="checkbox"/> half day 8am-11am \$105 | <input type="checkbox"/> half day 12-3pm \$105 |
| <input type="checkbox"/> July 26-30, ages 4-16 | <input type="checkbox"/> full day \$185 8am-3pm | <input type="checkbox"/> half day 8am-11am \$105 | <input type="checkbox"/> half day 12-3pm \$105 |

1.2 Pay all fees for the student's participation in the camp during the above selected; and

1.3 Agree to pay the extra fees for extra weeks selected hereafter; and

1.4 Understand that a refund (minus an administration fee of \$50.00) will be issued to a student who withdraws *in writing* from the programme prior to his/ her session commencing and I/we further understand that once the student's session has begun, all fees paid and made payable to ASCIS are non-refundable; and

1.3 Understand that a non-cooperative student or a student who seriously breaches ASCIS' Code of Conduct may be given notice of termination and therefore, I/we further understand that Académie Ste-Cécile International School ("ASCIS") and/or its associates managing the Day Sports Camp reserve(s) the right, notwithstanding the payment of any fees to terminate enrollment should the necessity to do so arise.

\_\_\_\_\_  
Signature of Mother

\_\_\_\_\_  
Signature of Father

\_\_\_\_\_  
Signature of Legal Guardian(s)

## **2.0 Implied Reasonable Requirements to Participate in Sports**

**2.1** In the matter of the Sports Day Camp of Académie Ste-Cécile International School (“SDC-ASCIS”) during the weeks of July 5, 2021–July 30, 2021, I/we agree to allow my/our child (the above-mentioned named student) to participate and I/we and my/our child agree to abide by the implied reasonable requirements of sports including but not limited to the following requirements:

- The student must have had an annual medical examination and must have obtained the permission of a qualified medical practitioner to participate in such events;
- The student is responsible for bringing emergency medication (e.g. asthma inhalers, EpiPens, etc.) with him/her at the camp and to inform the coaches of such;
- Jewelry must be removed, if possible. jewelry which cannot be removed and which presents a safety concern (e.g., medical alert/identification/religious requirement, etc.) must be taped secure so as to avoid any cause for injury;
- The wearing of an eyeglass strap and shatter-resistant/shatterproof lens is imperative whenever a student wears glasses that cannot be removed during the camp;
- The student must wear proper athletic attire and footwear and must care for their belongings appropriately.

**2.2** Furthermore, I/we and my/our child understand that we are responsible for the child’s own actions during all events and activities including outings and/or competitions. As a participant of SDC-ASCIS, my/our child agrees and understands that he/she is representing SDC-ASCIS and that he/she should compete to his/her best and fullest ability bearing in mind at all times the ASCIS Code of Conduct. The student agrees that he/she must be attentive and responsible and therefore he/she must conform to all rules, directives and instructions of the coach(es) of the game and of the venue. The student agrees that, failing to do so, he/she shall be held accountable for all consequences resulting from his/her breach of such rules and/or of his/her misbehaviour.

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Signature of Mother

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Signature of Father

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Signature of Legal Guardian(s)

## **3.0 Risk of Injury**

**3.1** **The risk of injury exists in every athletic activity.** Falls, collisions, sprains and strains may occur during an athletic activity. These injuries result from the nature of the activity and may occur without fault on either the part of the student and/or other students, and/or the ASCIS directors and/or officers and/or associates and/or staff and/or the agents of the facility where the activity is taking place. **By choosing to participate in these activities, I/we and my/our child are assuming all risks, consequences and costs of any such injury.**

**3.2** I/We understand that ASCIS will properly supervise children and that reasonable safety precautions will be taken; and

**3.3** I/We understand that I/we remain solely responsible for any and all health insurance for the child.

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Signature of Mother

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Signature of Father

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Signature of legal Guardian(s)

**4.0 Student's Medical Information**

- 4.1 In case of a medical emergency, I/we understand that, while the child is in attendance at DSC-ASCIS, every effort will be made to contact the undersigned parent/s or guardians of the child; or,
- 4.2 In the event that the undersigned or the emergency contact person cannot be reached and the emergency warrants an ambulance, I/we hereby grants DSC-ASCIS' staff permission to notify an ambulance so that appropriate medical care may be given. (e.g., medication and/or medical treatment) to the child.

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Signature of Mother

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Signature of Father

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Signature of legal Guardian(s)