



VOYAGEURS SPORTS ACADEMY APPLICATION FORM 2013

CONTACT INFORMATION

Child's Name _____ M/F

Address _____ Apt. #

City _____ Province _____ Postal Code _____ D.O.B. _____

Parent / Guardian Name _____ Home Telephone Number _____

Daytime Telephone Number _____ Extension _____

Parent / Guardian Name _____ Home Telephone Number _____

Daytime Telephone Number _____ Extension _____

Parent / Guardian E-mail Address _____

☐ Yes, I wish to receive emails regarding the Voyageur Sports Academy ☐ No, please do not contact me

OTHER INFORMATION

Any Custody Arrangements? _____

Health Card Number _____

☐ Yes, child is allowed to sign self in/out Please provide campers T-shirt size: ☐S ☐M ☐L ☐S ☐M ☐L ☐XL
Youth Adult

☐ Yes, post & pre-supervision is required: Drop-off Time _____ Pick-up Time _____

Allergies or Medical Concerns (Please see attached allergy form on appropriate pages): ☐ YES ☐ NO

MAILING ADDRESS: Laurentian University • Dept. of Athletics • 935 Ramsey Lake Road • Sudbury, ON • P3E 2C6
Fax: 705-673-6502 (ATTENTION: Georgette Roy)
For Additional Information Call: Georgette Roy • 705-673-6542 • Email groy@laurentian.ca



CAMP SELECTION & PAYMENT INFORMATION

Child's Name _____

Please check camp(s) requested

Voyageur Sports Academy						
				AM OR	PM	
<input type="checkbox"/>	July 2 to 5	Multi-sport Camp	6 to 8	9 AM to NOON ONLY	1 to 4 PM ONLY	\$100.00
<input type="checkbox"/>	July 2 to 5	Multi-sport Camp	6 to 13	9 AM to 4 PM		\$175.00
<input type="checkbox"/>	July 2 to 5	ROWING	12 to 17	9 AM to NOON	N/A	\$125.00
<input type="checkbox"/>	July 8 to 12	Multi-sport Camp	6 to 8	9 AM to NOON ONLY	1 to 4 PM ONLY	\$125.00
<input type="checkbox"/>	July 8 to 12	Multi-sport Camp	6 to 13	9 AM to 4 PM		\$200.00
<input type="checkbox"/>	July 8 to 12	ROWING	12 to 17	9 AM to NOON	N/A	\$125.00
<input type="checkbox"/>	July 15 to 19	JR. Skills Academy –Basketball	6 to 8	9 AM to NOON ONLY	1 to 4 PM ONLY	\$125.00
<input type="checkbox"/>	July 15 to 19	JR. Skills Academy –Basketball	6 to 13	9 AM to 4 PM		\$200.00
<input type="checkbox"/>	July 15 to 19	JR. Skills Academy – Soccer	6 to 8	9 AM to NOON ONLY	1 to 4 PM ONLY	\$125.00
<input type="checkbox"/>	July 15 to 19	JR. Skills Academy – Soccer	6 to 13	9 AM to 4 PM		\$200.00
<input type="checkbox"/>	July 22 to 26	Multi-sport Camp	6 to 8	9 AM to NOON ONLY	1 to 4 PM ONLY	\$125.00
<input type="checkbox"/>	July 22 to 26	Multi-sport Camp	6 to 13	9 AM to 4 PM		\$200.00
<input type="checkbox"/> NEW	July 29 to Aug. 2	DRY-LAND TRAINING	8 to 14	9 AM to 4 PM		\$200.00
<input type="checkbox"/> NEW	July 29 to Aug. 2	Track & Field Camp	8 to 14	9 AM to NOON ONLY		\$125.00
<input type="checkbox"/>	August 6 to 9	Rock Climbing	6 to 8	9 AM to NOON		\$125.00
<input type="checkbox"/>	August 6 to 9	Rock Climbing	6 to 13	1 PM to 4 PM		\$125.00
<input type="checkbox"/>	August 12 to 16	Voyageurs LACROSSE Academy	9 to 13	9 AM to 4 PM		\$200.00
<input type="checkbox"/> NEW	August 12 to 16	HOCKEY BOOT CAMP	8 to 14	9 AM to 4 PM		\$200.00
<input type="checkbox"/>	August 12 to 16	Voyageurs Shooting Academy – BASKETBALL	10 to 17	7 PM to 10 PM		\$125.00
<input type="checkbox"/>	August 19 to 23	Voyageurs BASKETBALL Academy (ELITE)	12 to 18	9 AM to 4 PM		\$200.00

CAMP FEES	
2 ND CHILD DISCOUNT (\$25)	
Tax 13% (No HST for children under 15 years of age)	
TOTAL CAMP FEES	



PAYMENT INFORMATION

PAYMENT METHOD: ☐ CASH ☐ Visa ☐ Mastercard ☐ Debit ☐ Cheque

Cardholder Name

Signature

Credit Card Number

Expiry Date

NOTE: MAKE CHEQUES PAYABLE TO LAURENTIAN UNIVERSITY

CHEQUES WILL NOT BE ACCEPTED WITHIN 15 DAYS OF CAMP START DATE

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WAIVER & INFORMED CONSENT FORM

EMERGENCY TREATMENT

As the legal guardian or custodial parent of the Participant, I hereby give my permission to Laurentian University, its officers, directors, servants, employees and agents to provide basic first aid or procure medical treatment for the participant in case of injury or accident or otherwise by a nurse, doctor, hospital or clinic chosen by the University and/or its employees, agents. I agree to be responsible for any and all costs associated with such treatment

CODE OF CONDUCT

We believe that a safe and inviting camp environment is not only a right, but also essential for optimum social, emotional, intellectual and physical growth. With this right comes responsibility towards self, others, the environment and the community. With the Laurentian Voyageur camp programs, appropriate behaviours are expected. Participants are expected to be respectful, be cooperative, be involved, and be positive. Please talk to your child about these expectations prior to attending. Participants who are unable to comply will be asked to leave. No refunds will be given.

PRIVACY NOTICE

Laurentian University collects, creates, uses, maintains, discloses and disposes of information for the purpose of operating the programs and business functions of the University in a manner consistent with the Freedom of Information and Protection of Privacy Act.

INFORMED CONSENT AGREEMENT

I the UNDERSIGNED hereby acknowledge that certain RISKS OF INJURY are inherent to participation in sports and recreation activities. These types' injuries may be minor or serious and may result from one's actions, or the actions or inactions of others or a combination of both. I understand that the RULES and REGULATIONS are designed for the safety and protection of participants and hereby undertake to abide by these rules and regulations. I hereby WARRANT that the participant (s) that I am registering are physically fit to participate and understand that the CHOICE to participate brings with it the ASSUMPTION OF THOSE RISKS AND RESULTS which are part of these activities. I agree that LAURENTIAN UNIVERSITY or THE DEPARTMENT OF INTERUNIVERSITY ATHLETICS AT LAURENTIAN UNIVERSITY shall not be liable for any injury to my person and/or loss or damage to my personal property arising from, or in any way resulting from, my participation in these activities, UNLESS such injury, loss or damage is caused by the SOLE NEGLIGENCE of the University or its employees or agents while acting within the scope of their duties.

I declare having read and understood the above INFORMED CONSENT AGREEMENT in its entirety and hereby consent to participate acknowledging all the foregoing. If I am registering a minor, I clarify that I am the parent/guardian for that minor, and agree to the above on their behalf.

PARENTAL APPROVAL

Pictures are frequently taken throughout the camps and there is a possibility that your child picture could appear in future brochures. Please inform us, if this is contrary to your wishes by selecting the appropriate option.

- ☐ Yes, I give permission to use pictures as mentioned above
- ☐ No, I do not give permission for the use of pictures as mentioned above

Parent/Guardian Signature

DATE

By signing and dating the above, you are agreeing to the terms and conditions listed in the informed consent agreement. Please note that all sheets requesting a signature **MUST** be signed in order to be accepted.



EMERGENCY ALLERGY ALERT FORM

Child's Name _____

EpiPen Expiry Date _____

(Parents required to replace prior to expiry date)

ALLERGY DESCRIPTION

This Child has a dangerous life-threatening allergy to the following substances

AVOIDANCE IS THE KEY

Please describe the situation in which your child will react to the allergen (ie. Touch, inhalation, ingestion):

SYMPTOMS SPECIFIC TO YOUR CHILD

Any other medication to be given, with specific instructions:

PARENT/GUARDIAN - EMERGENCY CONTACT INFORMATION

Name

Telephone (1)

Telephone (2)

Parent/Guardian Signature

Date



ALLERGY INFORMATION FORM

Dear Parents/Guardians:

Voyageur camp staff is prepared to work in partnership with you to manage your child's allergy. In order to do so, we will require the following;

- Complete the attached Emergency Allergy Alert form and return with your application.
- Assist camp staff by providing complete information concerning your child's allergies
- Provide your child with an EpiPen during **each day of camp** (if applicable) and ensure that a new EpiPen replaces any that have expired.

Thank you in advance for your co-operation with this very important matter. If you have any questions or concerns, please contact the **Administrative Staff at 705-673-6542 / or 705-675-1151 ext. 1025.**

CAMPER INFORMATION

Name

Age

Parent(s) /Guardian (s)

MEDICATIONS / PROCEDURES USED

☐ Antihistamines ☐ EpiPen ☐ Other: _____

Explain dosage & precautions

Authorization and release for the administration of an EpiPen

I have requested that an EpiPen be administered in the event of an Anaphylaxis emergency.

I agree to provide **Laurentian University Sports Academy** with a written updated medical statement whenever there is a change with respect to medication. It is further understood that keeping the camp staff informed is my responsibility. I also understand that the Emergency Allergy Alert form will be made available to staff in order to keep them informed.

Although the camp staff will work hard to ensure an allergen-free environment, I recognize that **Laurentian University Sports Academy** programs, facilities, staff, and support people are in no way able to ensure or promise a risk-free or allergen-free environment for my child.

Parent/Guardian Signature

Date



PHYSICAL ACTIVITY READINESS QUESTIONNAIRE

Child's Name _____

Age _____

There are potential risks in any physical activity program. The PAR-Q below has been developed to identify people that may be at greater risk, or who should see a physician for advice prior to attending our Camps.

Parents: Please read the PAR-Q carefully and respond honestly.

YES	NO	QUESTIONS								
<input type="checkbox"/>	<input type="checkbox"/>	1. Has your doctor ever said your child has a heart condition and recommended only medically approved physical activity?								
<input type="checkbox"/>	<input type="checkbox"/>	2. Does your child have chest pain brought on by physical activity?								
<input type="checkbox"/>	<input type="checkbox"/>	3. Has your child developed chest pain in the past month?								
<input type="checkbox"/>	<input type="checkbox"/>	4. Does your child lose consciousness or lose his/her balance as a result of dizziness?								
<input type="checkbox"/>	<input type="checkbox"/>	5. Does your child have a bone or joint problem that could be aggravated by the proposed physical activity?								
<input type="checkbox"/>	<input type="checkbox"/>	<table border="0"><thead><tr><th>Medication</th><th>Reason for Medication</th></tr></thead><tbody><tr><td colspan="2">_____</td></tr><tr><td colspan="2">_____</td></tr><tr><td colspan="2">_____</td></tr></tbody></table>	Medication	Reason for Medication	_____		_____		_____	
Medication	Reason for Medication									

<input type="checkbox"/>	<input type="checkbox"/>	6. Does your child have food allergies or any other conditions which we should be aware of? If yes, state details below. _____ _____ _____								
<input type="checkbox"/>	<input type="checkbox"/>	7. Does your child have particular fears? If yes, indicate below: _____								
<input type="checkbox"/>	<input type="checkbox"/>	8. Does your child have difficulties which may require some program adaptations? <input type="checkbox"/> physical disability <input type="checkbox"/> learning disability <input type="checkbox"/> Other: _____								

NOTE: If you answered YES to any questions, consult your doctor before sending your child to camp. Failure to do so may increase your child's injury / health risk of participating in the camps.

Special Requests: _____

Parent/Guardian Signature

Date