





# USC Karpaty

## Summer Soccer Camp 2019

### CAMP REGISTRATION FORM



PLEASE PRINT AND SIGN OFF

USC (UKRAINIAN SPORTS CLUB) "KARPATY"  
 145 Evans Avenue, #214, Toronto, Ontario M8Z 5X8  
 (647) 728-7939 --- <http://www.usckarpaty.ca/>

|   |  |   |  |
|---|--|---|--|
|   |  |   |  |
| <b>Asthma:</b>  |  | <b>Epilepsy:</b>  |  |
| <b>Diabetes:</b>  |  | <b>Other:</b>   |  |
| <b>ALLERGIES</b>  |  |   |  |
| Provide details of any food, drug, or other life threatening allergies your child may have: |  |   |  |
| <b>Food Allergy List:</b>   | <b>Allergic Reaction (i.e. rash, restricted breathing etc.):</b> | <b>List Severity (Mild To Life Threatening)</b>         | <b>Medication or Emergency Treatment</b> |
|   |  |   |  |
| <b>Drug Allergy - List</b>  | <b>List Severity (Mild To Life Threatening)</b>                  | <b>Other Life Threatening Allergies (i.e. Bees etc)</b> | <b>Medication or Emergency Treatment</b> |
|   |  |   |  |
| <b>CAMPER'S GENERAL EXPERIENCE</b>  |  |   |  |
| Has the camper ever been to any children`s camp before?                                     | <b>YES</b>   | <b>NO</b>   |  |
| Has the camper had any formal swimming instructions?  | <b>YES</b>   | <b>NO</b>   |  |
| If yes, what level of swimming has the camper achieved?                                     |  |   |  |
| <b>CAMPER'S SOCCER EXPERIENCE</b>   |  |   |  |
| <b>HL:</b> ..... years  | <b>All Star:</b> ..... years                                     | <b>RepTeam:</b> ..... years                             |  |

**Parent`s Signature and Acknowledgement:**

*I acknowledge that I have read and understand the payment options and refund limitations as provided on the Camp Grafton Registration Information Package. I understand that under certain circumstances the camp administration reserves the right to send a child home before the end of the camp. I give my permission for my son/daughter to participate in all Camp activities and assume all the risks and hazards incidental to such participation and do waive, absolve, indemnify, and agree to hold harmless, other than for wilful default or negligence on their part, USC Karpaty, Camp Grafton or its employees. I give permission to Camp Grafton and its representatives to authorize medical, surgical, and dental treatment and any emergency care that may be required for my son/daughter while in attendance at Camp Grafton if I cannot be contacted.*

*Canada's Anti-Spam Legislation (CASL) requires us to obtain your consent to sending you E-mail communications. By signing below, you are agreeing to receive electronic communications from USC Karpaty. You may withdraw your consent at any time by contacting USC Karpaty directly.*

.....  
**Date:**

.....  
**Signature of Parent / Legal Guardian.**