



ITALIAN CANADIAN HandICAPABLE ASSOCIATION

Novelletto Rosati Complex / TheSoccerPlace.ca
3939 Carmichael Dr. P.O. Box 7117, Windsor, ON N9C 3Z1
Phone: (519) 977-8900 Fax: (519) 977-9394
Web Site: www.thesoccerplace.ca E-mail: info@thesoccerplace.ca
Charitable Organization BN 894402981RR0001



2010 Summer Camp

Individual Registration Form

I, the undersigned, acknowledge and agree that attending or participating in sports may be hazardous and may result in injury. I further agree that I assume all risks of injury for myself and anyone who comes with me to the premises incurred or suffered while upon the premises or as a result of using the facilities or equipment therein. I further expressly agree to release the Novelletto Rosati Complex (NRC) the ICHA, its owners, employees, agents, successors, assigns, affiliates and anyone else associated with the NRC and ICHA from any and all claims, demands or damages whatsoever, whether developed or undeveloped, known or unknown, anticipated or unanticipated, have, now or in the future, including, but not limited to any and all claims, demands or damages for negligence, personal injury and/or loss, theft or destruction of personal property. It is my intention that this release be as broad as municipal, provincial, and federal law allows releases of this sort to be. I understand that, without this document, the cost of participation would necessarily be greater, and I also acknowledge that I may obtain insurance to protect myself if I so choose. I further agree to save, hold harmless, and indemnify the NRC, the ICHA, its owners, employees, agents, successors, assigns, affiliates, and anyone else associated with the NRC and ICHA, from any and all claims, demands or damages, including cost, interest and attorneys' fees which they may suffer or incur as a result of any claims by me, anyone who comes with me to the premises, or related entities, and/or as a result of any claims, demands or lawsuits arising out of my actions or those of anyone who comes with me to the premises. All Alcohol is prohibited on the premises and failure to do this will result in removal from the league with no refund. I have read the foregoing release, I fully understand it, and I agree to be bound by it.

Parent's Signature of Waiver: _____ Date: ____/____/____

Parent's Name: _____

Child's Name: _____ DOB (MM/DD/YYYY): (____/____/____) Gender (M / F)

E-mail Address: _____ (we communicate by email, an address must be provided)

Address: _____ City: _____ Postal: _____

Home Phone: _____ Work: _____ Cell: _____

Please check number of weeks Registering for:

- Week One: June 28 - July 2
- Week Two: July 5 — July 9
- Week Three: July 12 — July 16
- Week Four: July 19 — July 23
- Week Five: July 26 — July 30
- Week Six: August 2 — August 6
- Week Seven: August 9 — August 13
- Week Eight: August 16 — August 20
- Week Nine: August 23 — August 27

PER DAY: \$ 40.00 + H.S.T.
PER WEEK: \$ 150.00 + H.S.T.
FULL SUMMER: \$1100.00 + HST (Save \$250.00)

Total number of weeks: _____ Total registration fee: _____

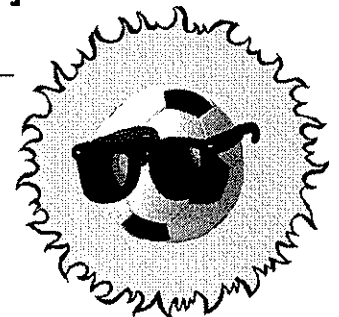
Payment Method: Cash Debit Visa MC

Card #: [][][][] - [][][][] - [][][][] - [][][][] Exp: [][] / 20[][]

Total Charged to Card: \$ _____ Signature: _____

A non-refundable deposit of \$100.00 is due upon registration.

Deposit paid on: _____ paid by: _____





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2010 Summer Camp Medical Information

**** Please note this information must be fully completed and consent signed prior to involvement in the camp****

Child's name: _____ Parent's Name: _____

Emergency Contact Name: _____ Number: _____

Health Card Number: _____ D.O.B. ____//____//____

Family Physician: _____ Phone: _____

Medical Restrictions: _____

-

Allergies: _____

Diagnosis: _____

Present Medications: _____

Other Restrictions: _____

-

Does your child need any of the following: Help with eating Help with drinking

Help with toileting Help with changing (into/out of swimming gear)

Please note: For a child with significant medical/personal needs which cannot be met by camp staff. NRC may be required to restrict his/her enrolment and/or families may be required to have him/her accompanied by a responsible person of your choice to provide individualized care. Families will be responsible for all costs involved with extra person.

Special Interests: _____

Health Concerns/Special Needs: (anything we should know regarding behaviours, sensitivities)

Things you want us to know:

I _____ being the parent/guardian of _____ hereby decree that the above listed information is accurate to the best of my knowledge.

I understand that the NRC Summer Camp does not provide one-on-one support for individual camp participants. I also understand that I may be required to provide a one-on-one worker for my child should their medical needs prove to be more than the camp can handle. I understand that all reasonable accommodations will be provided to my child based on a counsellor to camper ratio of 5:1.

Parent/Guardian Name: _____

Date: _____

Signature: _____



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2010 Summer Camp Waiver

Please fill out this form completely.

LAST NAME (Of camper): _____ FIRST NAME: _____

AGE: _____ SEX: (M / F) DATE OF BIRTH: _____
(Month/Date/Year)

ADDRESS: _____ CITY: _____ POSTAL CODE: _____

PHONE: _____ E-MAIL: _____

PARENT NAME (s): _____ BUSINESS (CELL) PHONE: _____

MEDICAL CONCERNS/ALLERGIES/RESTRICTIONS (i.e. peanut butter allergy):

DOCTOR (IN CASE OF EMERGENCY): _____ PHONE: _____

SECONDARY CONTACT (IN CASE OF EMERGENCY): _____ PHONE: _____

PARENTAL CONSENT

WAIVER: I, the undersigned parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of the ICHA, its affiliated organization and sponsors, and understand that he/she/I in attending any camp program and using the facilities does so at his/her/my own risk. ICHA and its owners, employees, sponsors and agents, shall not be liable for any damage whatsoever arising from any personal injury or property loss sustained by participant and his/her/my family in or about any programs on or off the premises. Parents/guardians assume full responsibility for all injuries and damages which may occur in or at any programs on or off the premises and he/she/I hereby fully release, discharge and otherwise indemnify and hold harmless ICHA, all associated facilities, organizations, and its owners, employees, sponsors and agents from any and all claims, demands, damages, rights of action, present or future resulting from or arising out of any person's participation in any programs or use of its facilities. In addition, he/she/I fully agree(s) to follow the rules of play/camp and the conduct set by ICHA/NRC Complex. He/she/I understand(s) that failure to do so may result in suspension from participation.

CONSENT: As the parent or legal guardian of the above named participant, I assume the health responsibility for the participant and do hereby fully grant authority to the staff of the ICHA/NRC Complex to render judgment concerning medical assistance or hospital care in the event of an accident or illness during my absence to preserve life, limb, or well-being of my dependent. I hereby authorize ICHA and its assigns to utilize any and all photographs, pictures or other likeness of legal parent/guardian and the registrant as they deem appropriate in its promotional materials. I hereby give permission for my son/daughter/ward to be involved in the NRC summer sports camp & all field trips; including but not limited to: Detroit Tigers game, Colasantis, Malden park, Ojibway Park, Movie theatres, Ropes course, Mad Science of Windsor, University of Windsor swimming pool, Mic Mac park waterslide and pool facilities and the Detroit Zoo. I do authorize possible videotaping or photographs to be taken and used in promotional material. I understand that the camp will be well supervised and reasonable safety precautions will be taken. I understand the NRC is responsible only for any negligence of itself, employees, servants, or agents. I do understand and agree that the Centre assumes no responsibility for any damages, losses, or costs, unless caused by such negligence.

By signing this form, I agree to allow my child to participate in events held at point pelee national park, including but not limited to: canoeing, swimming, hike along the board walk.

NAME (PLEASE PRINT): _____

SIGNATURE: _____ DATE: _____
Legal parent/guardian



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CHILD'S NAME: _____

Behaviour	Yes	No
Does not stay in seat		
Does not sit appropriately in seat		
Does not stay in room		
Does not enter rooms appropriately		
Abuses equipment		
Does not ask for help		
Disrupts lesson if has to wait		
Needs Constant Supervision		
Talks inappropriately in lessons		
Verbally inappropriate to authority figures		
Verbally inappropriate to peers		
Physically inappropriate to authority figures		
Physically inappropriate to peers		
Does not accept Change		
Over-active during lessons		
Throws/flicks objects at persons or things		
Lethargic and/or tired during lessons		
Seeks attention inappropriately		
Easily distracted by internal events		
Easily distracted by external events		
Lack of interest/motivation toward tasks		
Not willing to try new work/lessons/activities		
Does not cope with new tasks		
Easily reduced to tears		
Cannot express feelings appropriately		
Physical self abuse when stimming		
Physical self abuse when frustrated		
Physical abuse of authority figures		
Physical abuse of peers		
Verbal abuse of authority figures		
Verbal abuse of peers		
Lies to authority figures		
Manipulates workers		
Unaware of own strength		
Spits at people or things		
Hits at people or things		
Bites at people or things		
Does not relate to others		
Can swim		
Love the water		
Throws tantrums when frustrated		