

TO REGISTER:

COMPLETE **BOTH PAGES OF THE REGISTRATION FORM**, ENCLOSING A **\$275.00** DEPOSIT OR FULL FEE OF **\$560.00** (OR **\$550.00** FOR RETURNING ATHLETES PAYING BY June 1, 2019). PRINT AND COMPLETE THE **CHILD SAFETY POLICY AND RELEASE**. PRINT AND COMPLETE THE APPROPRIATE **HEALTH RECORD FORM** AND MAIL TO THE ADDRESS BELOW AND YOU WILL BE FULLY REGISTERED FOR THE 58th LEGION ATHLETIC CAMP.

Athletes may select **only one** Camp per week. Please **circle** your choice:

July 14-20, 2019	July 21-27, 2019	July 28-Aug 3, 2019	August 4-10, 2019
Week 1	Week 2	Week 3	Week 4
Track & Field	Basketball	Basketball	Basketball
Gymnastics	Volleyball	Volleyball	Volleyball
Advanced Track			Team Basketball

PAYMENT: Please check which one:

- DEPOSIT (**\$275**)
- FULL FEE (**\$560**)
- RETURNING ATHLETE FEE (**\$550**, if paid by June 1, 2019)

SEASON CAR PASS:

- Yes, I would like a \$20 dollar season pass for entrance to the International Peace Gardens.

WEEK 3 NWO BUS:

There will be a bus running from Fort Frances, ON thru Kenora, ON to Winnipeg, MB. Check the website or contact the registrar for information. If you are interested in using the bus, please check the location you would like to be picked up and dropped off; and include the amount in your payment.

- \$130 Return Fort Frances, ON
- \$90 Kenora, ON
- \$75 Winnipeg, MB

TOTAL PAYMENT: _____ (Registration Payment, Season Car Pass, and Bus if applicable)

**** You may also arrange to pay by interact e-transfer or credit card via Plooto by contacting our treasurer, John Edwards, at treasurer@legionathleticcamp.com**

PERSONAL INFORMATION:

First Name: _____ Last Name: _____
Date of Birth: _____ Age (as of July 1st) _____ Sex (circle one): M / F
Returning Athlete Yes / No
Home Address: _____
City: _____ Province: _____ Postal Code: _____
Do you self-identify as Indigenous (1st Nations, Metis, Dene)? Yes ___ No ___

Name of Parent/Guardian: _____
Home Address: _____ (If different from above)
City: _____ Province: _____ Postal Code: _____

Home Phone: _____ Business Phone: _____ Cell: _____
(Please circle the phone number where we can reach you while your child is at camp)

E-Mail (our primary means to contact you): _____
School: _____
Entering Grade: _____
T-Shirt Size (circle): **Youth:** Large **Adult:** Small, Medium, Large, Extra Large

PRIVACY DECLARATION:

The Legion Athletic Camp requires the information collected on this form, and the medical form, and any other medical information subsequently provided, in order to process the athlete's registration at Camp. All information provided to the Legion Athletic Camp will be handled in accordance with Legion Athletic Camp's privacy policy. The use of the information collected on this form will be restricted to the processing of registrations, as part of applications to funders, to administer programs and activities, processing payments and payment collection. Legion Athletic Camp may use the information on this form for the purpose of gathering statistics, and reporting its activities to the public, its funders, government agencies and the Board of Directors. The information collected on the medical form, and any medical information subsequently provided, will only be used as indicated on the medical form. The Legion Athletic Camp will not otherwise disclose your personal information or the personal information of the athlete to third parties with the exception of where it is required to do so by law, or where express consent has been otherwise provided by you.

By completing and signing this form, you have consented to the collection, use and disclosure of your personal information for the purposes specified in the PRIVACY DECLARATION above.

Date: _____ Parent/Guardian Signature: _____

Please mail your registration form and payment to:
REGISTRAR LEGION ATHLETIC CAMP
365 Lynbrook Dr. Winnipeg, MB R3R0T2
PHONE: 1-204-305-0991