

**TO REGISTER:** Print the 2012 Registration Form Below. Fill in the Registration Form, and mail the Form with a deposit or full fee to one of the addresses listed in the Registration Notes. **Read carefully all information on the Registration Notes Page.**

Click Here to read the registration Notes.

Athletes may select only one Camp per week.

Registration Fee: \$484.00per week (\$599.00 for Equestrian). All prices are in Canadian (CAD) Funds.

\* N.W. Ontario charter buses available to the Peace Garden at an additional cost.

July 8-14	*July 15-21*	*July 22-28*	*July 29-Aug 4*	Aug 5-11	August 12-18
Week 1	Week 2	Week 3	Week 4	Week 5	Week 6
<input type="checkbox"/> Track & Field	<input type="checkbox"/> Gymnastics	<input type="checkbox"/> Volleyball	<input type="checkbox"/> Basketball	<input type="checkbox"/> Volleyball	<input type="checkbox"/> Volleyball
<input type="checkbox"/> Advanced Track	<input type="checkbox"/> Wilderness	<input type="checkbox"/> Basketball	<input type="checkbox"/> Volleyball	<input type="checkbox"/> Basketball	<input type="checkbox"/> Basketball
	<input type="checkbox"/> Equestrian	<input type="checkbox"/> Equestrian	<input type="checkbox"/> Equestrian	<input type="checkbox"/> Soccer	
			<input type="checkbox"/> Soccer	<input type="checkbox"/> Cross Country	
			<input type="checkbox"/> Judo		
			<input type="checkbox"/> Elementary		

Check/Mark  your choice of Camp in the table above

Check/Mark  the Enclosed Amount (CAD Funds):

DEPOSIT (\$259) FULL FEE (\$484 or \$599 Equestrian)

**N.W. ONT. ONLY: BUS** Yes No

**First Name** \_\_\_\_\_ **Last Name** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_ **Returning Athlete** Yes No M F

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **Prov** \_\_\_\_\_

**Postal Code** \_\_\_\_\_

**Name of Parent/Guardian** \_\_\_\_\_

**Address** \_\_\_\_\_ (if different from above)

**Phone: Home** \_\_\_\_\_ **Business** \_\_\_\_\_

**Cell** \_\_\_\_\_ (Please circle the phone number where we can reach you while your child is at Camp)

**E-Mail Address** \_\_\_\_\_

**School** \_\_\_\_\_ **Grade** \_\_\_\_\_

**Adult T-Shirt Size:** S M L XL

**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 FORM, YOU HAVE CONSENTED TO THE COLLECTION, USE AND DISCLOSURE OF YOUR PERSONAL INFORMATION FOR THE PURPOSES SPECIFIED IN THE PRIVACY DECLARATION ABOVE.**

**DATE:** \_\_\_\_\_

**SIGNATURE OF PARENT/GUARDIAN** \_\_\_\_\_