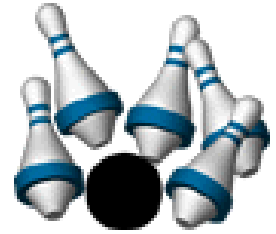




Summer Youth Bowling Camp

Golden Mile Bowling Center 306-586-2626

Unit 14 - 3806 Albert Street, Regina, SK S4S 3R2



Summer Youth Bowling Camp is an opportunity for children to have fun, meet others, be physically active and learn or improve on their 5 pin bowling skills.

Children must be 8 years of age by December 31, 2018. While the program will be geared towards children aged 8 to 12, there is no age limit to attend the camp.

- No previous bowling experience is necessary.
- All activities will be planned, facilitated and supervised by instructors and will be modified to suit the age level and ability of the participants.

Camp Fee:	\$75
Camp Dates:	Monday to Friday, August 20 to 24, 2018
Camp Time:	8:30am to 12:00pm daily
Optional Supervision:	7:30am to 8:30am & 12:00pm to 12:30pm

To accommodate those parents/guardians who work, supervision (with no planned program) will be provided for the times noted above.

Optional Breakfast @ 8:00am: Additional fee of \$20 (for the week)

Children have the option of having breakfast each day at 8:00am before the camp starts for a cost of \$20 for the week. Breakfast includes juice and a choice of two slices of toast with jam, a cinnamon bun OR a breakfast sandwich (english muffin, egg, bacon & cheese).

- ❖ **Please send socks with your child each day**
- ❖ **Please do not send toys or electronics**
- ❖ **Snacks (nut free) will be provided each day**
- ❖ **Friday will include a pizza party at 11:00am**

Children will be signed in each morning by a parent/guardian and will need to identify who will be picking their child up. Identification may be requested from those individuals picking up the children.

Completed registration forms and camp fees must be submitted no later than August 3, 2018. There will be a maximum of 48 children accepted, so register early!

Forms can be scanned and emailed to generalmanager@goldenmilebowl.com, mailed or dropped off at the Golden Mile Bowling Center (address noted above).

Payment can be made by credit card (phone 306-586-2626), cheque (dated no later than August 3rd) or cash (dropped off at the Golden Mile Bowling Center).

Summer Youth Bowling Camp - Registration Form

Golden Mile Bowling Center 306-586-2626

Unit 14 - 3806 Albert Street, Regina, SK S4S 3R2

Child's Full Name: _____

Gender: _____ Birthdate: _____

Number of Years Bowled: _____ Average: _____
(if applicable)

Bowl 1 or 2 Handed: _____

Street Address: _____

City: _____ Postal Code: _____

Home Phone Number: _____ Health Ins. No: _____

Allergies: _____

Medical History: _____

Parent/Guardian Name: _____

Email Address: _____

Daytime Phone Number: _____ Cell Number: _____

Parent/Guardian 2 Name: _____

Email Address: _____

Daytime Phone Number: _____ Cell Number: _____

Emergency Contact Name: _____

Relationship to Child: _____

Daytime Phone Number: _____ Cell Number: _____

Optional Breakfast – \$20 for the week (must arrive by 8:00am) Circle ONE option for each day:

Monday	Tuesday	Wednesday	Thursday	Friday
Toast with Jam	Toast with Jam	Toast with Jam	Toast with Jam	Toast with Jam
Cinnamon Bun	Cinnamon Bun	Cinnamon Bun	Cinnamon Bun	Cinnamon Bun
Breakfast Sandwich	Breakfast Sandwich	Breakfast Sandwich	Breakfast Sandwich	Breakfast Sandwich

Office Use Only (Circle One)

Payment Amount:	\$75 / \$95	Breakfast Option:	Yes / No
Payment Method:	Credit / Cheque/ Cash	Consent Signed:	Yes / No
Payment Date:		Staff Initial:	

Refund Policy

Full refunds will be provided if requested with at least two weeks notice before the start of the camp. A 50% refund will be provided for refunds requested within two weeks of the camp start date. No refunds will be issued after the start of the camp except for medical reasons (supporting doctor's note required). The Golden Mile Bowling Center reserves the right to cancel the camp due to insufficient registration. If this occurs, a full refund will be issued. To withdraw from the camp, please call the Golden Mile Bowling Center at 306-586-2626.

General Permission and Consent

Photography/Use of Image:

I give the Golden Mile Bowling Center, its employees and the camp instructors permission to use my child's photographs and likeness in any program informational or marketing material in any medium, and/or to televise my child's participation in program activities for the purpose of promotion, fundraising, marketing, documentation and public display.

Informed Consent:

I hereby give consent for my child's participation in the Summer Youth Bowling Camp (the program) and related activities. I understand that there are inherent risks participating in any physical activity or program and I agree that the Golden Mile Bowling Center, its employees and the camp instructors will not be held liable for any injury to my child, or loss or damage to my child's personal property. In consideration of my child being allowed to participate in the program, I, the parent/guardian of the child, on behalf of my child, waive all present and future claims against the Golden Mile Bowling Center, its employees and the camp instructors and hereby release them from and against all liabilities, claims, actions, demands, costs and expenses relating to injury, illness, death, loss, damage to person or property or loss of property, foreseen or unforeseen, howsoever caused, arising out of or in connection with my child's participation in the program. I, on behalf of my child, also agree to indemnify the Golden Mile Bowling Center, its employees and the camp instructors for, on account of or by reason of any claim advanced against any of them, or any loss or damage sustained by them, arising out of my child's participation in the program.

Medical Consent:

I understand that it is my responsibility to release any medical information that I believe the Golden Mile Bowling Center staff and camp instructors should be aware of. I understand and agree that the medical information will be shared with camp instructors as required.

In case of emergency regarding my child, I understand every effort will be made to contact the parents/guardians and emergency contact person. In the event that no one can be reached in an emergency situation, I hereby give permission to licensed emergency and health care personnel to provide treatment/services necessary to maintain the health of my child. In the event of medication, medical advice, treatment and/or equipment are required; I agree to accept financial responsibility for fees in excess of provincial and or private medical insurance. I agree that the information on this form may be disclosed to such emergency and health care personnel. In the event of illness, accident, emergency, or any other circumstance requiring medical treatment, such treatment may be procured for the participant without legal or financial obligation to the Golden Mile Bowling Center.

I have read, understood and agree to the terms of the general permission and consent.

Parent/Guardian Printed Name: _____

Signature: _____ Date: _____