

UNB SAINT JOHN ATHLETICS, RECREATION & WELLNES

MARCH BREAK CAMP REGISTRATION FORM (March 4-8 Half Day Friday)

SPACE IS LIMITED IN EACH AGE CATEGORY

SURNAME: _____ GIVEN NAME: _____

DOB: _____ AGE: _____ GENDER: MALE FEMALE

MEDICARE NUMBER: _____ MEDICARE EXPIRY: _____

EMAIL ADDRESS: _____

PARENT/GUARDIAN NAME: _____ HOME PHONE: _____

EMERGENCY CONTACT NAME: _____

EMERGENCY CONTACT PHONE NUMBER: _____

REGISTRATION FEES PER AGE GROUP (Please check off which age group participant falls under)

	Full Week \$150	Half Days only \$87.50	Single Day \$50
U10 (Ages 8-10)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U13 (Ages 11-13)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U16 (Ages 14-16)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ACCEPTED METHODS OF PAYMENT:

TrackieReg Online: Visa, MasterCard, American Express

To pay in person: Financial Services, Oland Hall Financial Dept: Debit, Visa, MasterCard, Amex, Cash, Cheque. Camps account: #2-340027-46010-61-22

Please note the Camps and Clinics website:

<http://unb.ca/saintjohn/athletics/community/camps-clinics.html>

Refund Policy: The UNB Saint John refund policy includes a \$45 administration charge for cancelling a registration prior to the start of camp. This \$45 charge will only be waived if appropriate medical documentation is provided upon cancellation. Once the camp starts refunds will only be granted if a certified medical excuse is provided. UNB Saint John has the right to cancel any camps due to lack of participants or other operational reasons, in the event of a program cancellation a full refund will be issued.

Photo Consent: (please check either yes or no) YES NO

I hereby consent to allow the UNB Saint John Athletics Department to take photos of the above noted child for promotional purposes in the UNB brochures or the UNB website

Email Consent: (please check either yes or no) YES NO

I hereby consent to allow the UNB Saint John Athletics Department to use the above email for communications purposes in regards to information from the Athletics, Recreation and Wellness Department. We need your approval to keep you up to date on the Wolfpack program.

Please access the provided link for payment:

If you make a payment through our online system there is no need to fill out the payment information on this page.

PLEASE NOTE: SPACE IS LIMITED IN EACH AGE CATEGORY

When registering in person please bring completed registration form and payment to UNB Financial Services, Oland Hall, 1st Floor. If you have any questions please contact Stephanie Guimond, Athletics Programs Coordinator at 506-653-2728 or Stephanie.Guimond@unb.ca

EST. 1785

Thank you!

We look forward to seeing you on the first day of camp!

If you have any questions, inquiries or concerns please feel free to contact:

Athletics Programs Coordinator

Stephanie Guimond

506-653-2728

Stephanie.Guimond@unb.ca

Release of Liability, Waiver of Claims and Assumption of Risks

ATTENTION: By signing this document you hereby waive legal rights which includes the right to sue.

Participant Full Name: _____
Date of Birth: _____ Phone Number: (____) _____
Full Address: _____

Street Name

City

Province

Postal Code

Emergency Contact Information

Name: _____
Phone Number: (____) _____
Relationship: _____

UNB is committed to ensuring the protection of all individuals and participants. Information collected is for registration purposes and will only be accessible to Sport & Recreation for administrative purposes.

ASSUMPTION OF RISKS

I, (Guardian Name) _____, on behalf of, _____ am aware that participation in Sport and Recreation Activities has risks, dangers and hazards including but not limited to:

Personal injury or illness, including, but not limited to, death, due to; slippery or uneven surfaces; athletic injuries including overexertion, sprains, muscle pulls or tears, or injury resulting from the use, misuse, non-use or failure of any equipment.

I fully accept and assume all such risks, dangers and hazards and the possibility of personal injury, death, property damage or loss, resulting in participation.

RELEASE OF LIABILITY, WAIVER OF CLAIMS

In consideration of UNIVERSITY OF NEW BRUNSWICK allowing my participation in Sport and Recreation Activities, I agree to:

1. Waive any and all claims that I have or may have in the future against the Governors of the University of New Brunswick, and their members, officers, employees, students, agents, volunteers and independent contractors (all of whom are collectively referred to as "the Releasees");
2. To release the releasees from any and all liability for any loss, damage, injury or expense that I may suffer, or that my next of kin may suffer as a result of my participation in the Sport and Recreation Activities due to any cause whatsoever including negligence on the part of the releasees. **Initial here to agree:** _____
3. To hold harmless and indemnify the releasees from any and all liability for any damage to the property of, or personal injury to, any third party, resulting from my participation in the Sport and Recreation Activities and
4. This agreement shall be effective and binding upon my heirs, next of kin, executors, administrators, assigns and representatives in the event of my death or incapacity.

In entering into this agreement, I am not relying upon any oral or written representations or statements made by the Releasees other than what is in this agreement.

I do hereby confirm and acknowledge that this waiver is voluntarily signed by me (on behalf of the participant) having ample opportunity to read the same with full knowledge and understanding of the contents. I am aware that by signing this agreement I am waiving certain legal rights which I or my heirs, next of kin, executors, administrators and assigns may have against the releasees.

Signed this _____ day of _____, 201__

Guardian Name, Print Clearly

Guardian Signature