

# 2009 Oakville Club Waiver

## Medical & Safety Information

### Camper #1 Information

Last Name: \_\_\_\_\_  
 First Name: \_\_\_\_\_  
 Date of Birth: Month \_\_\_\_ Day \_\_\_\_ Year \_\_\_\_  
 Health Card No. \_\_\_\_\_  
 Male |  Female  
 Family Doctor: \_\_\_\_\_  
 Doctor's Number: \_\_\_\_\_

#### Medical Information

Any medical conditions? \_\_\_\_\_  
 Allergies:  Yes  No To what: \_\_\_\_\_  
 Asthma:  Yes  No Medication: \_\_\_\_\_  
 Diabetes:  Yes  No Medication: \_\_\_\_\_  
 Does your child carry an epi-pen?  Yes  No  
 If yes, allergic to: \_\_\_\_\_  
 Anything else we need to know: \_\_\_\_\_

### Camper #2 Information

Last Name: \_\_\_\_\_  
 First Name: \_\_\_\_\_  
 Date of Birth: Month \_\_\_\_ Day \_\_\_\_ Year \_\_\_\_  
 Health Card No. \_\_\_\_\_  
 Male |  Female  
 Family Doctor: \_\_\_\_\_  
 Doctor's Number: \_\_\_\_\_

#### Medical Information

Any medical conditions? \_\_\_\_\_  
 Allergies:  Yes  No To what: \_\_\_\_\_  
 Asthma:  Yes  No Medication: \_\_\_\_\_  
 Diabetes:  Yes  No Medication: \_\_\_\_\_  
 Does your child carry an epi-pen?  Yes  No  
 If yes, allergic to: \_\_\_\_\_  
 Anything else we need to know: \_\_\_\_\_

### Swimming Information

Please note that all full-day camps include swimming. All swimmers are subject to a swim test prior to swimming in the deep end. Please let us know if your child is unable to participate in swimming.

### Method of Payment (Child #1)

Member No. \_\_\_\_\_ or  Visa or  MasterCard  
 Visa/MasterCard No. \_\_\_\_\_ Expiry Date: \_\_\_\_\_  
 Signature of Cardholder: \_\_\_\_\_

**Guests of the Club are subject to a \$50 non-member surcharge.**

### Method of Payment (Child #2)

Member No. \_\_\_\_\_ or  Visa or  MasterCard  
 Visa/MasterCard No. \_\_\_\_\_ Expiry Date: \_\_\_\_\_  
 Signature of Cardholder: \_\_\_\_\_

### Terms and Conditions

1. I acknowledge that a full refund will be granted if notification has been given to the Club in writing within 10 working days of the start date, otherwise full charges will apply. If your spot can be filled, a \$50 cancellation fee will be applied.
2. The parent/guardian is assuming full responsibility for the applicant's behaviour/health and their guest's behaviour/health, the following of all house rules and regulations; and all medical conditions that are present.
3. I understand that I am responsible for ensuring that the child member/guest has the appropriate equipment and clothing attire for all activities.
4. I agree and acknowledge that my child will participate in any recreational activity including swimming, entirely at his/her own risk and that he/she is medically fit to undertake such activities.
5. I agree to hold The Oakville Club harmless for any personal injuries sustained by my child or nay other person and for the loss or damage to any property which my child has brought on the premises whether caused by theft or any cause including negligence of The Club or any of its Members, Directors, Coaches.

### Consent and Release

In consideration of the acceptance of \_\_\_\_\_ as a participant of The Oakville Club. I, \_\_\_\_\_, fully understand and accept the condition that The Oakville Club, its employees, Directors and Members are not liable for damages, bodily harm, which may occur during his/her participation in the camp.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

