

1. Please Check Camp attending:

- Camp 1 - June 29- July 3
 Camp 2 - July 6-10
 Camp 3 - July 13-17
 Camp 4 - July 20-24
 Camp 5 - July 27-31
 Camp 6 - Aug 3-7
 Camp 7 Aug 10 -14
 Camp 8- Aug 17-21

Last Name: _____ First Name: _____

Sex: M F Age: _____ Birthdate (DD/MM/YY): _____

Current School: _____ Grade (at June 2008): _____

Home Address: _____

City: _____ Province: _____ Postal Code: _____

Home Phone: _____ E-mail: _____

Parent Name: _____ Business Phone: _____

Emergency Contact Name: _____ Emergency Contact Number: _____

HEALTH CERTIFICATION

All participants must have health insurance. Ontario residents are covered through OHIP, and should indicate their number below. If the participant is **not** a resident of Ontario, please indicate the insurance company and policy number below. By signing the bottom of the form, the parent/guardian indicates the applicant is in good health.

Health Card Number (Ontario residents) : _____

Insurance Company (non-residents only) _____ Policy Number: _____

Please indicate any health concerns (allergies, medical conditions, medication): _____

Piper's Heath cannot guarantee an allergy-free environment. All campers must be able to identify their own allergies and carry the needed medication for treatment.

WAIVER AND CONSENT

Piper's Heath Privacy Policy: Personal information collected for the Summer Camp will be used and held solely by The Academy at Piper's Heath. Information is collected for the operation of the camp which includes safety and emergency purposes, and for future correspondence with camp participants, which may include information about relevant upcoming events.

Conduct: The programs are operated by, and located on the Piper's Heath Golf Club premises. To this end, all registrants will respect the facilities and grounds, and will abide by the Camp rules. Failure to do so may result in immediate expulsion from a program, without a refund of payment.

Refund Policy: Refunds will be issued for any cancellation received 7 days prior to the first day of attendance. All refunds are subject to a \$25 administration fee.

Waiver and Consent: I, the undersigned, hereby authorize The Academy at Piper's Heath or anyone acting on its behalf, to acquire medical aid that may be required as a result of any accident or injury sustained by my child. I hereby indemnify and save harmless Piper's Heath GC from any and all actions, claims and demands for damages, loss or injury, however arising, which heretofore may have been sustained by my child while participating in the camps.

Photo Permission: Participants in the Summer Camps will be photographed. These photographs may be posted online, and used in print materials for the following year's camp. If you do not want your child's photograph to be used in print or on the web, please check below.

- I do NOT permit my son/daughter's photograph to be published.
 I do NOT wish to receive promotional material from Piper's Heath that does not pertain to Summer Camps.
 I have read and agree to the above: _____
- _____ Parent/Guardian Signature Date

Participants will receive a confirmation letter upon receipt of the application with payment.

PAYMENT INFORMATION (Payment is due in full upon registration)

Camper's Name: _____

Total Payable: \$ _____ (Cheques payable to The Academy at Piper's Heath)

MasterCard
 Visa
 AMEX
 Card Number: _____ Expiry Date (MM/YY): _____

Name on card: _____ Signature: _____

If paying by credit card, you may register by fax: 905 - 864-1730 or email scan to: theacademy@pipersheath.com
 Financial information collected will only be used by The Academy at Piper's Heath and shared with the appropriate credit card company.