



August 2010

Evergreen Junior Squash Summer Camp Form

Participant (child's Name): (in full, please print): \_\_\_\_\_

Birthdate: \_\_\_\_\_ Everg Member? Y \_\_\_\_\_ N \_\_\_\_\_

(Parent(s) / guardian Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ cell> \_\_\_\_\_ cell2: \_\_\_\_\_

e-mail address: \_\_\_\_\_ Other e-mail: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_ cell: \_\_\_\_\_

Adress: \_\_\_\_\_

Doctor's name: \_\_\_\_\_ Phone: \_\_\_\_\_ Med.Card # \_\_\_\_\_

Any allergies? Or medical information we should be aware of?

\_\_\_\_\_

**Week(s): August 16-20**

**and/or Aug 23-27 , 2010**

Payment: Cheque only: \$ \_\_\_\_\_ Ch. No, \_\_\_\_\_ Bank: \_\_\_\_\_ Date: \_\_\_\_\_

Delivered by: Mailed to Evergreen  Mail slot directly at the club  Other: \_\_\_\_\_

Signature parent/guardian \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_

Day Month Year