



Pearl Gate Track and Field Club
P.O. Box 612 Mount Pearl, NL A1N 2X1

Telephone: (709) 748-1012
Email: pearlgetf@hotmail.com
Website: www.pgtfc.com

2010 Summer Day Camp Program
Registration Form

For Office Use Only:

Week	Paid	Receipt #	Date
1) July 5 th – 9 th			
2) July 12 th – 16 th			
3) July 19 th – 23 rd			
4) July 26 th – 30 th			
5) Aug 2 nd – 6 th			
6) Aug 9 th – 13 th			
7) Aug 16 th – 20 th			

Weekly Registration Dates:

- | | |
|--|---|
| <input type="checkbox"/> Week 1 - July 5 th – 9 th | <input type="checkbox"/> Week 5 - Aug 2 nd – 6 th |
| <input type="checkbox"/> Week 2 - July 12 th – 16 th | <input type="checkbox"/> Week 6 - Aug 9 th – 13 th |
| <input type="checkbox"/> Week 3 - July 19 th – 23 rd | <input type="checkbox"/> Week 7 - Aug 16 th – 20 th |
| <input type="checkbox"/> Week 4 - July 26 th – 30 th | |

Participant's Name: _____

Age: _____ D.O.B.: _____ M.C.P.: _____

Address: _____

Postal Code: _____

Turn Over

Email: _____

Mother's Name: _____

Telephone: _____ (H) _____ (W) _____ (C)

Father's Name: _____

Telephone: _____ (H) _____ (W) _____ (C)

In Case of Emergency Contact (if different from above):

Name: _____

Home: _____ Work/Cell: _____

Doctor's Name: _____ Phone: _____

Please Indicate Any Medical Conditions:

Medical Release:

I, _____ hereby give consent for my son/daughter
_____ to receive first aid care by a certified coach on site and/ or
receive medical attention by a certified physician at a medical institution. I
waive Pearlgate Track & Field and its staff of any injury sustained under
supervision of PGTFC.

Photo Release:

I, _____ hereby grant PGTFC permission to use
_____ image in good taste in promotional materials, posters,
websites and other merchandise. I release PGTFC from all liabilities of any
electronic or film image and or audio for advertising purposes.

Parent(s)/ Guardian Signature: _____ Date: _____