



Pearl Gate Track & Field Club
P.O. Box 612, Mount Pearl, NL A1N 2X1
(709) 748-1012
trackandfieldclub@aibn.com

Registration Form
Summer Day Camp Program

Weekly Registration Dates

July 7th to 11th _____

July 14th to 18th _____

July 21st to 25th _____

July 28th to August 1st _____

August 4th to 8th _____

August 11th to 15th _____

August 18th to 22nd _____

Participants Name: _____ Age: _____ D.O.B _____

Address: _____ Postal Code: _____

M.C.P. _____ Phone: _____

Email _____

Mother's Name: _____

Home: _____ Work/Cell: _____

Father's Name: _____

Home: _____ Work/Cell: _____

In Case of Emergency Contact:

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: _____

For Office Use Only

Payment Amount: _____ Date: _____ Receipt #: _____