

# GAME READY

## DAYCAMP REGISTRATION

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Parents Email Address: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_ Cell Phone Numbers: \_\_\_\_\_

Emergency Contact Name and Phone Number: \_\_\_\_\_

Dr's Name and Phone Number: \_\_\_\_\_

Care Card Number: \_\_\_\_\_ Any Medical Concerns that we need to be aware of/sensitive to? YES NO

Please provide additional details if YES was circled: \_\_\_\_\_

Game Ready Fitness may take pictures of your child for use in social media sharing: YES NO

Game Ready Fitness can use the provided cell phone numbers and email address for communication: YES NO

***\*ALL of the above information will be kept confidential and will not be shared with outside sources.\****

- September 2-5***
- September 8-12***
- September 15-19***

### RELEASE

In consideration of me and/or my child participation in this program, I recognize that there are inherent risks associated. I hereby agreed to release **Game Ready Fitness Ltd. Life Ready Foundation**, from all claims, liabilities, obligations and costs which I may have against **Game Ready Fitness** and **Life Ready Foundation** and their respective agents, servants and representatives, arising out of injury, loss or damage while I or my child participate in the program, whether or not arising from any negligence on the part of **Game Ready Fitness and Life Ready Foundation**, or their respective agents, servants and representatives.

Initial \_\_\_\_\_

### MEDICAL RELEASE

In the event that my child \_\_\_\_\_ is injured, ill or in need of medical attention and I am unable to be contacted, I authorize Game Ready Fitness, Life Ready Foundation or agents to seek medical attention and/or admit my child to hospital.

Initial \_\_\_\_\_

### SPECIAL INSTRUCTIONS

Please provide any other special instruction that are staff should be aware of regarding your child:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

