

A. IN PERSON

University of Ottawa 125 University Street Montpetit Hall, room 102 10:00 a.m. - 6:00 p.m. Monday - Friday

R. MAII

University of Ottawa **Sports Services** 125 University Private Montpetit Hall, room 102 Ottawa, Ontario K1N6N5 Canada

C. FAX 613-562-5151 Telephone 613 562-5800 (4477)

D. ONLINE www.geegees.ca

GEE-GEES CAMPS

GENERAL INFORMATION (Manda	tory)						
PARTICIPANT'S LAST NAME			PAYMENT METHOD Payments with installments are not accepted. In order to guarantee your registration in the chosen program(s), full payment and a completed				
PARTICIPANT'S FIRST NAME		_	registration/waiver form	must be receive	d.		
ADDRESS			CHEQUE Payable to the U A returned check \$40 administration	Iniversity of Ottawa. Jue is subject to a ion fee.	DEBIT	CASH	(we do no bills over
CITY	PROVINCE POST	AL CODE	CREDIT CARD:	VISA MAST	ERCARD		
CENDED E M	DATE OF BIRTH		CARD NO.			EXPIRY DAT	ГЕ
GENDER F M	DATE OF BIRTH		CARD HOLDER				
HOME TELEPHONE NO.	HEALTH INSURANCE	NO.					
HEALTH INDICATIONS (i.e. allergies, dietary	restrictions)		SIGNATURE				
DISABILITIES			CONSENT AND AUTH Does the participant hav to leave camp on his/he	e permission		Yes	No
LAST SWIMMING LESSONS LEVEL	FNCUCU	FRANCAIC	For the safety of all our cam please list the name and rel	ationship of the pe			
LANGUAGE OF CORRESPONDENCE	ENGLISH	FRANÇAIS	A piece of ID will be require NAME	d for pick up.		RELATIONS	HIP
PARENT OR MAIN CONTACT						DEL ATIONIS	
NAME			NAME 			RELATIONS	HIP
RELATIONSHIP	HOME TELEPHONE N	NO	NAME 			RELATIONS	HIP
			I AM AWARE of the possibil				
CELLPHONE NO.	WORK TELEPHONE NO.		participation in the activities of the Camp. By registering my child, I HEREBY CONSEN to his/her participation in the activities AND I FREELY ACCEPT all health and safety rising associated with his/her participation. I will notify the University of my child's special				
E-MAIL ADDRESS (MANDATORY)			medical condition or health history, if any. If the emergency contact person identifier in this Form cannot be reached, and if my child has an accident or falls ill, I HEREBY AUTHORIZE the University to provide my child with, or make arrangements for,				
CAMPS			emergency medical treatm				
1.CODE COST	- \$ 		I FURTHER AUTHORIZE the for identification purposes material, including the Gee	during his/her parti			
2. CODE COST	- \$ 		NAME OF PARENT OR LEGA			DATE	
3. CODE COST	· \$		Living of Francist on Legal	207111217111			
4. CODE COST	\$		SIGNATURE OF PARENT OR I	LEGAL GUARDIAN			
SUBTOTAL =	\$		NOTES				
HST (IF APPLICABLE) = \$			Your personal information is collected under the authority of the University of Ottawa Act. It is collected for the purposes of recruitment, admission, registration, graduation progression, administration, and other activities related to the University's programs and services. At all times, it will be protected in accordance with the Freedom of				
GRAND TOTAL =	\$		Information and Protection		. I Jeor dance With	. 3.0 . / 00001	•.
HST: Applicable to age groups 14 years old and up. HST will be added to the cost of the camp where applicable.			If you have questions, please refer to http://web5.uottawa.ca/admingov/privacy.html or contact the University's Freedom of Information and Protection of Privacy Coordinator at secruniv@uOttawa.ca or at 613-562-5950				
Refunds/Cancellations: Your confirmation	letter is required		HOW DID YOU HEAR ABOU	T US?			

A 10% administration fee will be deducted from the subtotal line. Partial refunds for daily absences will not be provided.

T-SHIRT SIZE YOUTH DULT PAYMENT METHOD ayments with installments are not accepted. In order to guarantee our registration in the chosen program(s), full payment and a completed egistration/waiver form must be received. CHEQUE Payable to the University of Ottawa. A returned cheque is subject to a (we do not accept bills over \$50.00) DEBIT \$40 administration fee. REDIT CARD: MASTERCARD ARD NO. EXPIRY DATE ARD HOLDER **IGNATURE** CONSENT AND AUTHORIZATIONS oes the participant have permission Yes No o leave camp on his/her own? or the safety of all our campers, if you have answered no to the previous question, lease list the name and relationship of the people who may pick up the participant. piece of ID will be required for pick up. RELATIONSHIP IAME IAME RELATIONSHIP IAME RELATIONSHIP AM AWARE of the possibility of health and safety risks associated with my child's participation in the activities of the Camp. By registering my child, I HEREBY CONSENT o his/her participation in the activities AND I FREELY ACCEPT all health and safety risks ssociated with his/her participation. I will notify the University of my child's special nedical condition or health history, if any. If the emergency contact person identified n this Form cannot be reached, and if my child has an accident or falls ill, I HEREBY AUTHORIZE the University to provide my child with, or make arrangements for, emergency medical treatment. FURTHER AUTHORIZE the University to take images (pictures, videos, etc.) of my child or identification purposes during his/her participation and for the Camp's promotional naterial, including the Gee-Gees website. IAME OF PARENT OR LEGAL GUARDIAN DATE IGNATURE OF PARENT OR LEGAL GUARDIAN IOTES our personal information is collected under the authority of the University of Ottawa ct. It is collected for the purposes of recruitment, admission, registration, graduation, rogression, administration, and other activities related to the University's programs nd services. At all times, it will be protected in accordance with the Freedom of nformation and Protection of Privacy Act.

Expo

School visit

Website

Newspaper

Activity brochure

Email or newsletter

Word of mouth

Posters or flyers