



The
Volleyball
Academy

2010 Athlete Application

Please fill out form completely and return it to Lambton Centre 6602 Lakeshore Road, RR#5, Forest ON NON 1J0
Or Fax it to 519-786-6686. If you require assistance with this form, please call our office: 519-786-5663

Make all cheques payable to Lambton Centre

Family Information	
<input type="checkbox"/> Parents <input type="checkbox"/> Guardians	
Parent/Guardian 1 Name	Parent/Guardian 2 Name
Home Phone#	Home #
Work #	Work#
Cell #	Cell#
Address	Address
Alternate Emergency Contact (if primary contact cannot be reached)	
Relationship with Camper	Athlete Information
Phone #	Last Name: _____
Doctor's Name	First Name: _____
Doctor's Phone	<input type="checkbox"/> Male <input type="checkbox"/> Female
Health Card #	Height: _____ Weight: _____
Legal Custody	Birthdate: Month _____ Day: _____ Year _____
<input type="checkbox"/> Both parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian	School: _____
Cabin Request (please note that we will honour ONE mutual Request for campers of the same age)	Grade completed Before Camp: _____
	Email contact _____
	Club Experience/Awards _____
	Number of Years playing Club: _____
	T-shirt size (all adult) <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L
	(youth) <input type="checkbox"/> M <input type="checkbox"/> L



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Social

Is your child: Eager to attend Urged by parent to attend

Eating Habits

Vegetarian Average Fussy Food allergy* Dietary restriction* (*Please provide specific details)

Sleeping Habits

Bed wetter Nightmares Sleepwalker

Does Camper need special medical attention?

Asthma Allergies Other: _____

Family: in the past year have there been any changes in family relationships?

birth marriage death separation divorce no changes

Swimming

non-swimmer beginner average above average

Other: Does camper need additional assistance due to special need?

learning disability other _____

If camper is in need of any other special care or assistance please send a separate letter along with application explaining any and all requirements. These will be held in confidence.

A non-refundable deposit of \$110 per camper is required to secure your camper's spot at the Volleyball Academy. The balance of the camp fees are due on or before June 30, 2010. Cancellation Policy: if you cancel your campers attendance before June 30, 2010 you will receive a full refund minus the non-refundable deposit of \$110. If you choose to cancel your campers attendance after June 30, 2010 you need to give two weeks written notice andn would receive back your camp fees minus the deposit amount of \$110 per camper. Cancellations within two weeks of camp starting will receive no refund unless a medical not is provided. This policy is in place to help The Volleyball Academy and Lambton Centre manage its staffing needs and camper numbers. Registrations received after June 30, 2010 need to be accompanied by full payment.

The Volleyball Academy and Lambton Centre provides a safe and nurturing environment to our campers, family and staff. Respect and trust are the most important elements of our camp experience. We ask that before you send your camper off to camp, please talk to them about respecting other campers, the staff, camp policies and the camp facilities.

If ther is an emergency or a child is missing home more than usual we will get in touch with the parents. Campers are not permitted to receive phone calls or visitors, please respect the policy.

We reserve the right to contact the parents. Guardian of any camper who refuses to respect other campers or staff. Abusive and/or inappropriate language and actions, harming campers of staff, and destruction of camp property are not tolerated. Lambton Centre and The Volleyball Academy is a smoke, alcohol and drug-free environment. Possession or use of these will not be tolerated. The camper will be sent home with no refund and potentially billed for damage caused to property.

Amper pickup times are as stated in the brochure. Please ensure that your child is picked up at that time.

By submitting this application, the parents/guardians of the camper agree for and on behalf of themselves and the camper that any photographs or video taken of the camper by the camp personnel or otherwise authorized by the Camp Directors may be used without charge by the Camp in any Promotional material, including brochures, slides shows, videos or websites; unless a written letter is submitted that states otherwise.

I hereby give consent for _____ to attend The Volleyball Academy and Lambton Centre and confirm that his/her health is suitable for camping activities. In case of emergency, I authorize Lambton Centre staff to refer the above camper to medical authorities on my behalf. I also give consent for the above camper to leave site for any activity that may be part of the camp program.

Signature of Parent/Guardian _____

Camper Agreement (please have camper sign)

I understand that I will be expected to abide by the camp rules. Signature of Camper: _____