

Western Camp Info form

(PLEASE PRINT)

Athlete's Name:		Date of birth:
Parent/Guardian Information		
Tel. # at home:	Tel. # at work:	Cell #:
Email: (Please print)		
Comments re possible medical conditions/allergies.		
Medical insurance #:	Doctor:	Tel. #:
Emergency contact:		Tel. #:

Parental permission:

Our child has permission to attend field trips with the U16 Western Canada Camp Staff. In case medical attention is required, we give permission for the coaches and chaperones to administer medication and/or call medical staff to attend to our child.

Parent and/or Guardian

Date

Getting to know your child:

We will be spending more than a week with your athlete! Please share any information you may deem to be pertinent which – if we know in advance – may give you, the parent, peace of mind and make your athlete's trip more comfortable.

Athletes are welcome to bring this information sheet with them to camp, or if you wish, please Fax to: 1 788-426-1223
Or scan and email to waterpoloschool@shaw.ca