

# Learn to Dive



# Summer Camp Registration 2010

k|w diving club

Staff Use Only: Payment Received: \$ \_\_\_\_\_  
 Cash  Cheque Staff Initials: \_\_\_\_\_

Name of Diver: \_\_\_\_\_

Name of Parent(s)/Guardian(s): \_\_\_\_\_

Street Address: \_\_\_\_\_

Town/City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone (519) \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Contact Phone: \_\_\_\_\_

Diver's Age: \_\_\_\_\_ Birth Date: (D/M/Y): \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

OHIP #: \_\_\_\_\_

Parent/Guardian Email Address: \_\_\_\_\_

Please Indicate the desired session(s) below.

✓	Dates	Pool (DROP OFF) Location	PICK UP location
↓			
	July 12-16	Cameron Heights	
	July 19-23		Training Center
	July 26-30		Training Center
	August 23-27		Training Center
	August 3-6	Breithaupt	Training Center
	August 23-27		Training Center
	July 19-23	Harry Class Community Pool	Training Center
	August 16-20		Training Center

## Cost:

# \$199/week

(Includes full day camp + T-Shirt!)

-A late registration fee of \$25 applies to any registration after June 1<sup>st</sup>

-Sibling Discount: \$25 off each additional sibling registration in the same week.

-Multiple Session Discount: Register for multiple sessions and receive a \$25 discount on the ADDITIONAL sessions. Payment by Cash or Cheque ONLY

**Please make all cheques payable to: KW Diving Club**

Registration forms can be

EMAILED to:

[kwdivingcamps@gmail.com](mailto:kwdivingcamps@gmail.com)

OR dropped off or mailed to our training center location:

**5 Manitou Drive, Unit 102A  
 Kitchener, ON. N2C 2J6**

By Signing Below I declare that:

- I authorize the KW Diving Club to release my child's name and personal info to Dive Ontario for insurance purposes
- I authorize the KW Diving Club to arrange transport of my child from the Pool Location listed above to their dryland training center location via school bus, supervised taxi, or fully licensed and insured staff drivers.
- In the event of an emergency, should both I and my emergency contact not be reachable, I authorize the staff of the Learn to Dive Summer Camp to contact emergency services and seek medical attention as required and make any urgent medical decision recommended by health care professionals.
- I understand the cancellation policy of the KW Diving Club which states: Cancellation of registration prior to the commencement of the program is subject to a \$25 administrative fee. Cancellations after the start of the 2<sup>nd</sup> day of camp will not be considered.

-I DO \_\_\_\_\_ or DO NOT \_\_\_\_\_ Authorize the use of photographs of my child for use in future promotions.

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

# Learn to Dive



# Parent Info and Reference Form



MY CHILD IS ATTENDING DIVING CAMP THE WEEK(S) OF:

√	Dates	Pool (DROP OFF @ 8:30 am) Location	PICK UP (@4:30 pm) location
↓		301 Charles Street East, Kitchener, ON	
	<b>July 12-16</b>		
	<b>July 19-23</b>	Cameron Heights	Training Center
	<b>July 26-30</b>		Training Center
	<b>August 23-27</b>		Training Center
		350 Margaret Avenue, Kitchener, ON	
	<b>August 3-6</b>	Breithaupt	Training Center
	<b>August 23-27</b>		Training Center
		Woodside Avenue, Kitchener, ON	
	<b>July 19-23</b>	Harry Class Community Pool	Training Center
	<b>August 16-20</b>		Training Center

- What Should My Child Bring to Camp?**

  - Bathing Suit
  - Towel(s)
  - Clothes
  - Sunscreen
  - Lunch
  - Water Bottles
  - Snacks

Where Are You Located?

**Our Training Center is at:**

**5 Manitou Drive, Unit 102A  
Kitchener, ON. N2C 2J6**



For your convenience, please bring this form along with you when you make payment, and you can have your tax receipt immediately.

**Tax Credit Receipt Form:**  
*Organization's Name and Address:* Kitchener Waterloo Diving Club, 5 Manitou Dr. Unit 102A, Kitchener ON. N2C 2J6  
*Name of the Eligible Program/Activity:* Learn to Dive Summer Camp with the KW Diving Club

Amount Received: \_\_\_\_\_ Date Received: \_\_\_\_\_

Amount Eligible for the fitness Tax Credit (Eligible Fees): \_\_\_\_\_

Full Name of the Payee: \_\_\_\_\_

Full Name of the Child Registered: \_\_\_\_\_

Date of Birth of the Child Registered: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_