



MM Youth Sports Camp Registration Form

Camper Information:

Full Name of Camper: _____

Date of Birth: _____

Gender: Male Female Non-Binary Prefer Not to Say

Camper Street Address: _____

Town: _____ Postal Code: _____

Youth T-Shirt Size: XS S M L XL XXL

Are you a resident of Mississippi Mills? _____

Parent/Guardian Information:

Full Name of Parent/Guardian: _____

Relationship to Camper: _____

Phone Number: _____

Email Address: _____

Emergency Contact Information:

Name: _____

Relationship: _____

Phone Number: _____



Health Information:

Does the camper have any allergies or medical conditions?

Yes No If yes, please provide details: _____

Does the camper take any medications?

Yes No If yes, please list medications: _____

Does the camper have any special dietary needs?

Yes No If yes, please list dietary restrictions: _____

Consent and Agreement:

1. Medical Release:

I authorize camp staff to seek emergency medical treatment for my child if necessary. I understand that every effort will be made to contact me in case of emergency.

Campers with Epi-pens - epi-pens must be in a secured fanny pack and be held by the camp counsellor and returned at end of camp day. *Child cannot be at camp if epi-pen is forgotten.*

2. Code of Conduct:

I agree to follow the camp's Code of Conduct and understand that my child will be removed from camp if they fail to follow the rules. (Please see attached Code of Conduct for details.)

3. Media Release:

I consent to my child being photographed or videotaped during the camp for promotional purposes, including but not limited to municipal social media, website, and advertisements.

Yes No

4. Camp Hours

Drop-off time is 9am sharp and pick-up time is 4pm sharp. Failure to comply with the times will result in a non-refundable dismissal from camp.



5. Liability Waiver:

I understand that participation in camp activities involves some risk, and I agree to release the camp and its staff from any liability in the event of injury or accident.

Camp Session Information:

Camp Weeks (please check all that apply):

- Week 1: July 7 – 11, 2025
- Week 2: July 14 – 18, 2025
- Week 3: July 21 – 25, 2025
- Week 4: July 28 – August 1, 2025
- Week 5: August 11 – 15, 2025

Payment Information:

Cost: \$200 per week for residents, \$225 non-residents

Total Camp Fee: Number of weeks _____ x rate \$_____ = \$ _____

Payment Method: cheque cash debit (when available)

Signature of Parent/Guardian:

By signing below, I acknowledge that I have read and agree to the terms and conditions of the registration and camp policies.

Signature: _____ **Date:** _____

Thank you for registering!

We look forward to a fun and memorable camp experience!