



# ENDEAVOUR SPORTS GROUP 2018 AUGUST DEFENSE CAMPS

**Night Defense Camp: 2007-2010**  
**Richcraft Sensplex**  
 \$250.00+hst  
 August 7 - 6:00-7:00 PM  
 August 8 - 6:15-7:15 PM  
 August 9 - 5:15-6:15 PM  
 August 10 - 6:00-7:00 PM

**Night Defense Camp: 2004-2006**  
**Richcraft Sensplex**  
 \$250+hst  
 August 7 - 7:00-8:00 PM  
 August 8 - 7:15-8:15 PM  
 August 9 - 6:15-7:15 PM  
 August 10 - 7:00-8:00 PM

## REGISTRATION INFORMATION

First Name:	Last Name:	Date of Birth (M/D/Y):
Email:	Cancellation Insurance (\$25): Y / N	Phone Number:
Jersey Size: YS / YM / YL / YXL / AS / AM / AL / AXL		Position: D / F
Camp: July Defense Camp / August Defense Camp <b>(payment methods see reverse)</b>		2017/18 Level/Team:



**TRUE**

## AUGUST SUMMER CAMP PAYMENT & WAIVER FORM



Please select the preferred method of payment for the 2018 August Camp

**Camp:** August 7-10 (\$250.00+hst). \$282.50 total.

- Cheque (Made payable to ESG. PO Box 1153, Stittsville, ON, K2S 1B2)
- EMT (Sent to [mikep@endeavoursportsgroup.com](mailto:mikep@endeavoursportsgroup.com))       Cash
- Credit Card (3.65% admin fee charged when selecting this payment option)

Cardholder: \_\_\_\_\_

Credit card #: \_\_\_\_\_

Expiration Date (mm/yy): \_\_\_\_\_ Security Code: \_\_\_\_\_ Postal Code \_\_\_\_\_

- I authorize Endeavour Sports Group to charge my credit card for any associated administration fee.*
- I authorize Endeavour Sports Group to send payment confirmations and other information relating the Camp(s) via email.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***All camps to be conducted at:***  
***Richcraft Sensplex***  
***813 Shefford Rd, Ottawa, ON***  
***(613) 599-0363***

**WAIVER:** The participant and his/her guardian agree that Endeavour Sports Group, our instructors, staff, sponsors, and management will not be held responsible for any accidents or loss, however caused, and agree to release the proprietors and management of Endeavour Sports Group for all claims or damages which may arise as a result of, or reason of such accident or loss. I agree to comply with all written and verbal regulations/rules enforced by the staff and facility representatives. I understand that any failure to comply could result in dismissal from the activity and/or immediate expulsion from the session and/or program without any program refund or credit. It is understood that irresponsible, abusive, and/or inappropriate behaviour will not be tolerated, and that participants shall refrain from the use of alcohol, tobacco, and any other non-medical drugs while participating in the program. Any questions I have about the rules and/or their application will be brought to the attention of the staff person responsible. Any charges incurred as the result of non-compliance of Endeavour Sports Group rules (outlined at beginning of program) will be borne by the individual.

**MEDICAL CONDITIONS:** Please note any medical conditions that your child may have such as peanut allergies, asthma, etc. Please be advised that we are a not a "peanut free" program. Any medications for emergency use should be left with the staff. In the case of any emergency, we will contact emergency medical personnel.

**CONDITION:** \_\_\_\_\_

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_