

Member Profile

Member # CE _____ Date _____ Location _____ Ad Source _____

Member Name _____ Date of Birth _____ Program _____

Street Address _____ City/Town _____ Province _____

Postal code _____ Phone # _____ School _____ Grade _____

Mother's Name _____ Email _____

Street Address _____ City _____ Province _____

Postal Code _____ Phone _____ Cell phone _____

Employer's Name and Address _____

Business Phone number _____

City _____ Province _____ Postal Code _____

Father's Name _____ Email _____

Address(if different than above) _____

Employers Name and Address _____

Home Phone Number _____ Cell _____ Bus# _____

Member's Email _____

Are there any custody arrangements/restrictions that Bulldog needs to be aware of? If yes, please detail.

Legal documentation will be required.

Emergency Contact Name _____ Relationship to child _____

Address _____

Phone Number _____ Business # _____

Emergency Contact #2 Name _____ Relationship to child _____

Address _____

Phone Number _____ Business # _____

Whom would you like to care for the child should neither parent be able to do so?

Physician's Name, Address and Phone Number _____

Program Start Date	Program Removal Date	Reason for Leaving



Please tick off the week(s) you are registering for:

- July 5-9th: Army Week
- July 12-16th: Space Exploration
- July 19th-23rd: CSI-Mad Science
- July 26th-30th: Survivor Jungle Week
- August 3-6th: Sports Skills Week* holiday week (4 days)
- Aug 9th-13th: Tropical Paradise
- Aug 16th-20th: Game Show Mania
- Aug 23-27th: Super Hero Time Travellers
- Aug 30th-Sept 3rd: Olympics Week

Your fully completed registration form must be accompanied with your payment to guarantee your child's spot (post-dated cheques for 1 week prior to camp will be accepted). Please use one application per child, photocopies are acceptable.

Please check to ensure that all requested activities pre/post supervision, pizza lunches and camp sessions are clearly indicated.

Supervision from 8-9am and 4-5pm is free of charge. Additional supervision will be charge at a rate of \$5.00 per hour.

Unless noted, fees include tax. Tax applicable to those 14 years and older.

Refunds: 7 days notice prior to camp beginning is required.

Weekly Cost: Members \$140.00, Non members \$150.00*Holiday Week: Members \$115.00, Non members \$125.00

Pizza Lunch available; Mondays and Fridays for \$5.00 per day (2 lg. slices of pizza, juice box and fresh fruit)

Pre-Supervision (before 8:00 am)Required on the following dates, _____ arrival time _____

Post Supervision (after 5:00 pm)Required on the following dates _____ pick up time _____

Methods of Payment cash, debit, Mastercard Visa cheque

Card # _____ Expiry Date _____

Card Holders Name(please print) _____

Camp Amount _____ + extra Supervision _____ + Pizza lunches _____ Total Amount _____

Forms can be mailed, faxed or delivered. Phone 519-836-3838 Fax-519-836-3880

259 Grange Rd. Unit #1 Guelph, ON N1E 6R5

Parent Release Form

Please Read the Following:

I understand the there is a risk of injury associated with participation in physical activities and the use of interactive equipment such as the equipment my child may use at Bulldog Interactive Fitness. I agree to waive any and all claims of liability, release and hold harmless Bulldog Interactive Fitness and its associated companies in the event such injury occurs to my child, meaning I will not sue Bulldog Interactive Fitness or try to hold Bulldog Interactive Fitness legally responsible. In the event of accident or injury when parent, legal guardian, or emergency contacts are not available, I give my permission to Bulldog Interactive Fitness to obtain whatever medical attention it deems necessary and assume all costs associated with such treatment. Bulldog Interactive Fitness is not responsible for any lost or stolen items left at the Bulldog Interactive Fitness premises.

Please Print

Parent/Guardian Name _____ Contact Numbers _____

Signature _____ Date _____

Participants Name _____ Age _____ Participants Name _____ Age _____

Participants Name _____ Age _____ Participants Name _____ Age _____

Participants Name _____ Age _____ Participants Name _____ Age _____

I would like to receive periodic emails with upcoming programs and activities Yes _____ NO _____

Email Address _____

Physical Activity Readiness Questionnaire (PAR-Q)

Name: _____

There are potential risks in any physical activity program. The PAR-Q has been developed to identify people that may be at greater risk, or who should see a physician for advice prior to attending our facility.

Parents: Please read the PAR-Q carefully and respond honestly.

Yes No

1. Has your doctor ever said your child has a heart condition and recommended only medically approved physical activity?

2. Does your child have chest pain brought on by physical activity?

3. Has your child developed chest pain in the last month?

4. Does your child lose consciousness or lose his/her balance as a result of dizziness?

5. Does your child have a bone or joint problem that could be aggravated by the proposed physical activity?

6. Is your child's doctor currently prescribing medication for your child? If so, list the medications and the reason for the medication.

Medication

Reason for Medication

7. Does your child have food allergies or any other condition of which we should be aware? If yes, state the details below.

8. Does your child have any chronic disability or chronic disease?

Cerebral Palsy

Hypermobility

Epilepsy or Seizures

ADD or ADHD

Obesity

Down's Syndrome

Intellectual Impairment

Diabetes (type 1 or 2)

Cystic Fibrosis

High blood pressure

High Cholesterol

Asthma or Emphysema

Other (please specify) _____

9. In the last year, have there been significant changes in family relationships?

Birth

Marriage

Death

Divorce

Separation

Legal Custody

10. Does your child have, or has your child had, an eating disorder?

11. Does your child have particular fears? If yes, please indicate:

12. Does your child have difficulties which may require some program adaptations:

Physical disability

Learning disability

13. Is there a history of the child ever having a communicable disease? (mumps, measles etc.)

If yes, please explain _____

14. Are there any specific requirements regarding rest? _____

15. Informed consent.

I, the undersigned, acknowledge on behalf of my child that there are potential risks in physical activity programs. I assume those risk and consent to the proposed participation in this program. I, or any person claiming through me or on my behalf, do hereby release Bulldog Interactive Fitness and their _____ officers, employees or agents, from all claims for loss, injury or damage to persons and property while participating in this program, or traveling to or from this program, except when the facility and/or its agents are negligent.

I hereby acknowledge that:

The information provided above regarding my child's health is, to the best of my knowledge, correct.

I will inform you immediately if there are any changes to the information provided above.

I give permission for my child to commence your physical activity program.

Parental signature: _____ Date: _____

Bulldog Staff signature: _____ Date: _____

NOTE: If you answered YES to any question from 1 through 8, consult your doctor before sending your child to Bulldog Interactive Fitness. Failure to do so may increase your child's injury/health risk of participating at the facility.