



DEC 15/16/17

WINTER CAMP

WATROUS HIGH

SCHOOL

Special Guest Coach Tristin Hoffarth

Come spend a fun filled weekend with one of our own Top Athletes.



**Age: 8Yrs Old &
OLDER
has slept away
from Home**

**Early Bird \$100
Dec 4 2016**

**After Dec 4 2016
\$120**

**For More Info:
Tammy Guthrie
306.980.7975
guthrie_3@msn.com**

Sleeping at School

LOCATION

Winston High School
202 6th Ave East
Watrous, Sask

Arrival Friday 5:30-6PM

Pick Up Sunday 12:30

Judo Saskatchewan Winter Camp Application Form (Please Print)

Deadline For Camp Applications Is December 04, 2017

Please send form and enclose a cheque payable to: **Judo Saskatchewan**

Mail to: c/o Amy Cotton **15-700 Central Street West Warman SoK OA1**

This camp cannot happen without our volunteers, if you are able to do that please let Tammy know

Name: _____ Age: _____ Male/Female (circle one)

Date of Birth: - Year _____ Month _____ Day _____

Address : _____

City: _____ Province: _____ Postal Code: _____

Telephone #: _____ Medical #: _____

E-mail Address for contact: _____

Allergies: _____ Recent Injuries: _____

Medical Conditions for Staff: _____

Judo Club: _____ Belt Level: _____ Years in Judo _____

IN CASE OF EMERGENCY: CONTACT NAME: _____

EMERGENCY TELEPHONE #: _____

Medication if Any : _____

GENERAL WAIVER: We reserve the right to refuse enrollment or dismiss a judoka if it is in the best interest of the judoka and/or the camp. In the event of a dismissal, there will be no refund on any part of the Camp fee. We also regret we cannot be responsible for any losses and or damage to a judoka's belongings. Permission is hereby given to use the photo image, written testimonial or voice of the campers, which may appear in the camp brochure/report or future advertising.

I desire my child to participate in the full camp program and all activities, unless I advise you otherwise in writing (in advance). I agree that having taken such precaution as in your discretion is deemed advisable, you shall not be held responsible for any sickness or accident to my child. Parents are therefore reminded to see that their son/daughter is covered under one of their own sickness and/or accident insurance plans available at a minimum cost throughout the year. If for any reason my child requires medical attention beyond that furnished by the camp, I agree to be responsible for any expenses incurred. I hereby volunteer release, forever discharge and agree to indemnify and hold harmless Judo Saskatchewan (including their agents, officers, volunteers, employees and all other persons acting in the capacity on their behalf) from any, and all claims, demands, or cause of action, which are in any way connected with the registered individual's participation in this activity.

Signature of Parent/ Guardian _____ Date _____

Signature of Athlete _____ Date _____

Important Things to Bring: Judo Gi's Sleeping Bag & Pillow, Toiletries, Gym Cloths & Runners, Night clothing, change of clothing, Winter Clothing, Water bottle, Spending Money.