



# Summer Sports Camp

## REGISTRATION FORM

Please fill out the following information and return the form to Sport Technical Coordinator or Camp Director as soon as possible to confirm the place for your child(ren). This form serves as a blanket permission form for all camp activities.

### 1. Camper's Information

Name:		Age:	MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>
Address:			Date of Birth:
Postal Code:	T-shirt size (adult)	Telephone Number:	
Parent/Guardian Name:		Work/Other Telephone Number:	
Will Camper Bring a Guide Dog? YES <input type="checkbox"/> NO <input type="checkbox"/>		Email Address:	

### 2. Emergency Contact Information

Emergency Contact:	Relationship:
Address:	Telephone Number:

### 3. Medical Information

Doctor's Name:	Telephone Number:
Health Card:	
Does your child have allergies? YES <input type="checkbox"/> NO <input type="checkbox"/>	Please List:
Medication:	
Other Health Concerns:	
Special Diet Requests:	
Visual Activity:	Field of Vision:
Diagnosis:	
Prognosis:	
Is this athlete legally blind? YES <input type="checkbox"/> NO <input type="checkbox"/>	What is the athlete's classification? (below) B1 <input type="checkbox"/> B2 <input type="checkbox"/> B3 <input type="checkbox"/>
Signature:	Date:

### 4. Person(s) who will pick up the Camper on the last day of Camp

1. Name:	2. Name:
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I hereby give Ontario Blind Sports Association officials the authority to act on my behalf in any case of emergency. I hereby release Ontario Blind Sports Association and its agents, servants or employees from all claims for damages arising from any incidents or other occurrences resulting in injury which are caused by or arise from the participation of the above named child. Moreover, I give permission to Ontario Blind Sports Association to use any photographs of said child for the purposes of promoting the program and/or the agency. This release covers all program activities in any location.

Parent/Guardian Signature:	Date:
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**PLEASE NOTE: Space is limited - Registration is on a first-come, first-served basis.**

#### MEDICAL CERTIFICATION OF SIGHT CLASSIFICATION

All athletes tested by an ophthalmologist classified according to their perception and compete against athletes with the same degree of sight. Athletes are divided into the following classifications for Blind Sports.

B1: No light perception at all in either eye up to light perception, inability to recognize objects or contours in any direction and at any distance.

B2: Ability to recognize objects or contours up to a visual acuity of 2/60 and/or a limitation field of vision 5 degrees.

B3: 2/60 to 6/60 vision and/or field of vision between 5 and 20 degrees.

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Please send filled **Registration Form** along with signed **Code of Conduct** and **Membership Form** to

[richard@blindsports.on.ca](mailto:richard@blindsports.on.ca)

Please note All camp fees MUST be paid prior to the start of camp. Please make cheques payable to

"Ontario Blind Sports Association" or email transfer through [richard@blindsports.on.ca](mailto:richard@blindsports.on.ca)

