

St. Andrew's Elementary School 450 E. 47th Avenue, Vancouver, BC V5W 2B4 Phone: 604.325.6317 Email: office @saev.ca Website: www.saev.ca

ST. ANDREW'S SUMMER SPORTS CAMP (SASSC) **2024 REGISTRATION FORM**

Participant Last Name:Address:					
Mom's Name:		E-mail:	Daytime Phone:		
Dad's Name:		E-mail:	Daytime Phone:		
Special Instructions (e	.g. Allergies, Medical Cond	litions, Epi-pens, ANY	THING we should be aw	vare of)	
Week #1	July 2 (Tuesday) to	9:00 am to 3:00 pm	\$160.00	1	
Week #1	July 5 (Friday), 2024	9:00 am to 5:00 pm	\$100.00		
Week # 2	July 8 (Monday) to July 12 (Friday), 2024	9:00 am to 3:00 pm	\$ 200.00		
Week #1 and #2	July 2 to 5, AND July 8 to 12, 2024	9:00 am to 3:00 pm	\$ 340.00		
Please complete the registration form and submit to the school office along with payment. Registration and payment are due by June 25, 2024.			Payment Option: Cheque Cash	TOTAL:	
	is no refund for partial atten	idance or missed	☐ Debit (in person)	\$	
Consent and Waive	er:				
held responsible for volunteers from all c While staff will take nature of activities a participate in this ac	cipant and parents/guardia any accidents or loss how claims or damages which responsible steps to prevend may occur without fautivity, you are agreeing the ary associated with this acc	wever caused, and agr may arise as a result yent injuries to particulation the part of the part the activity descri	ree to release Mr. Nige of/or by reason of suc ipants, some degree of participant. By allowin	el Peña, staff, and h accidents or loss. risk is inherent in the g your child to	
Parent or Guardian:					
Name (please print)		Signature:			
Date.					