



**Town of Eston**  
 111 4<sup>th</sup> Ave SE | Box 757  
 Eston, SK S0L 1A0  
 (306) 962-4444 | Fax: (306) 962-4224  
[contact@eston.ca](mailto:contact@eston.ca) | [eston.ca](http://eston.ca)

## 2024 Body Contact & Positioning Camp

**October 28th, 2024**

Deadline to Register: Tuesday October 1st, 2024

Payment is due upon registration



**KidSport funding is available for those who qualify and must be submitted with registration by the deadline to qualify. Please contact Recreation Director Garrett Turner for more information.**

Registration is not complete until the form, and payment have been received.

<u>Age Division</u>	<u>Hockey School Fees</u>	Please check age division
U-13 (2012 & 2013)	\$50	
U-15 (2010 & 2011)	\$50	
U-18 (2007, 2008, 2009)	\$50	

Participant Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Birth Year: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Age Division \_\_\_\_\_ Gender: M / F

Parent / Guardian Information

Parent / Guardian (1) Name: \_\_\_\_\_

Cell Phone (1): \_\_\_\_\_ Email (1): \_\_\_\_\_

Mailing Address (1): \_\_\_\_\_

\* Include Postal Code

Parent / Guardian (2) Name: \_\_\_\_\_

Cell Phone (2): \_\_\_\_\_ Email (2): \_\_\_\_\_

Mailing Address (2): \_\_\_\_\_

\* if different than Address 1

**Consent:**

I understand and agree that this information is being collected for the purpose of Eston Sports Camps registration and may be used to update the athlete of upcoming sports he/she may be interested in.

It is a condition of participation that the athlete does so at his/her own risk. The Eston & District Recreation Committee is not liable in any way for loss, damage or injury resulting from participation in this program.

I understand that it is the responsibility of the parent/guardian to keep the Recreation Director informed of any change in the above information as well as medical information as soon as possible. In the event of an injury, if no one can be contacted, staff may take my child to a hospital or doctor if deemed necessary.

I authorize doctors and nursing staff to examine, investigate and treat my child as necessary. I authorize release of information to the appropriate parties and photos of my child to be taken and used for promotional purposes.

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