



**CELISO'S LAKE CAMP IV - 2017**  
**SUNDAY, August 13<sup>th</sup> - SATURDAY, August 19<sup>TH</sup>**

**WHERE:** Camp Awacamenj Mino, 143 ch. McNicoll, Duclos, QC, J0X 1S0.

**WHEN:** Sunday, August 13th (2 pm) until Saturday, August 19th (11 am).

**WHO:** The age groups for this Camp are for athletes born from 2001 to 2005 (kids born after 2006 who want to attend, please contact Celso directly to discuss options).

There are only **50 spots** available (25 boys and 25 girls) for this Lake Camp. It will be based on a first come first serve basis. You can register by giving this completed form and post-dated cheques to Celso. You can also make a reservation, by emailing him at, [celso.rojas@ottawawaterpolo.com](mailto:celso.rojas@ottawawaterpolo.com) . A spot will **ONLY** be secured when the forms and cheques are received.

This camp was previously offered exclusively to Capital Wave athletes, but is now open to everyone!

An email with detailed information (ex: code of conduct, what to bring, etc.) will be sent out **AFTER** May 30<sup>th</sup>.

**COST:**

<b>DATES</b>	<b>AMMOUNT</b>	<b>METHOD OF PAYMENT</b>
Early registration (until March 15 <sup>th</sup> )	\$645 + HST	Divided in TWO post-dated cheques: <ul style="list-style-type: none"> <li>• \$395 for April 15<sup>th</sup></li> <li>• \$333.85 for June 30<sup>th</sup></li> </ul>
After March 15 <sup>th</sup>	\$695 +HST	Divided in TWO post-dated cheques: <ul style="list-style-type: none"> <li>• \$440 for April 15<sup>th</sup></li> <li>• \$345.35 for June 30<sup>th</sup></li> </ul>
After April 15 <sup>th</sup>	Full Camp Fee \$785.35 (HST included)	Payment of the full camp by the registration date
<p><b>CHECKS PAYABLE TO CELSO ROJAS</b>            (Contact Celso for any other special payment arrangements)</p>		

**ATHLETE**

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

Date of birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home phone Number: \_\_\_\_\_

Home Club: \_\_\_\_\_

T-Shirt Size: \_\_\_\_\_ (e.g., Adult small-XXL, or Youth Small-XL).

Medical Conditions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PARENTS**

Mother's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Mother's email: \_\_\_\_\_

Mother's cell Number: \_\_\_\_\_

Father's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Father's email: \_\_\_\_\_

Father's cell Number: \_\_\_\_\_

**PARENT'S SIGNATURE**

\_\_\_\_\_  
Print Name:

\_\_\_\_\_  
Print Name:

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

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

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

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