LAST NAME: FIRST NAME: Grade Level: Birthdate:							SPORT OR LIFE
ADDRESS: TOWN/CITY: PROVINCE: POSTAL CODE:							
HOME PHONE: ALTERNATE PHONE PARENT/GUARDIAN	•						
Please review the obligations and initial each one			l agree to below.	pay the fin	ancial o	bligation a	s listed
		I agree that in the event my child is absent from school, I am not entitled to reimbursement for days missed.					
		I agree that the school reserves the right to withdraw field trips from any child whose conduct/behavior/academic responsibility is not deemed satisfactory by any teacher.  I agree that the school reserves the right to withdraw services should payment obligations not be met.					
PAYMENT		Full p	ayment of	\$850 is du	e by Sep	tember 30,	2022,
Please review the financial commitment		as our program utilizes waiting lists for subsequent students.					
CLOTHING SIZES  Please provide sizes	<u>Tops:</u>	YOUT	ΓΗ: Small -T: Small	Medium Medium	Large Large	X-Large X-Large	
-	Bottoms:	YOU		Medium Medium	Large Large	X-Large X-Large	
ACKNOWLEDGEME	NT						
I acknowledge that I have <b>Date:</b>	ve read, und	derstai	nd and agree	to the oligat	ions listed	l above.	
Parent/Guardian Na	ame (Prin	ted):					

Parent/Guardian Signature:

