



Camp D'été
Benny Scholten
Summer Camp 2010

Patinage de vitesse Nouveau-Brunswick

August 23 - 27, 2010

Sponsored by
Speed Skate New Brunswick (SSNB)
Fredericton Amateur Speed Skating Club Inc. (FASSCI)

Lady Beaverbrook Rink, Fredericton, New Brunswick

Skaters less than 10 years of age by June 30, 2009 must be accompanied by a parent or arrangements made for a caregiver to assist in the care of the child. These details must be communicated to the camp Registrar.

Register by April 30, 2010 and **Save!!**

By APRIL 30, 2010	By JUNE 1, 2010	After JUNE 1, 2010
<u>\$ 250.00</u>	<u>\$ 275.00</u>	<u>\$ 300.00</u>

Family discount of 10% for 2 or more skaters.

Excellent Value - Registration fee includes:

- 5 day camp taught by some of Canada's most experienced coaches
- 2 on-ice sessions per day
- off ice activities (includes daily dry land training plus additional activities like archery and swimming)
- Camp picnic
- Camp photo and T-shirt

Skaters will be organized into groups according to ability and maturity. Space is limited so get your registrations in early.

Accommodation

Please let us know by email, or on your registration form, if you require any assistance with your accommodations.

CHECK-IN – Lady Beaverbrook Arena

Sunday, August 22, 2010 6:30-8:00 PM

Monday, August 23, 2010 8:00-9:00 AM

We encourage skaters to register on Sunday where possible.

Gym attire (t-shirts, shorts, sneakers, sun hat, sunscreen, water bottles) is required for the off ice programs. There is a local community outdoor pool that will be open for public swimming. Please bring your swimsuits and towels.

We are delighted to offer this Summer Speed Skating Camp in the beautiful City of Fredericton. We hope you can come and enjoy the first class coaching (Debby Fisher will be here) and get a great head start on the 2010/2011 Speed Skating Season.

Contact information

Send completed applications to:

Summer Camp Registrar

c/o V. Gibson

74 Somerset Drive

Hanwell, N.B.

E3C 1M8

Email: wtvg@nbnet.nb.ca

Camp Coordinators:

Ann Evans (aevans@nbpower.com)

Bonnie Boone (retallic@nbnet.nb.ca)

Benny Scholten Speed Skating Summer Camp 2009

August 23-27, 2010

Registration Form

(Please use one form per skater)

A non-refundable deposit of \$50.00 per skater must accompany your registration form to guarantee your place. Please make your cheque payable to the Fredericton Amateur Speed Skating Club Inc. (FASSCI)

Skater Name: _____ Club: _____

Age: _____ as of June 30, 2010

(Registration approval required for skaters under 10 years old on June 30, 2010)

Times 333 _____ 500 _____ 1000 _____

Address: _____

Postal Code: _____

Email: _____ (very important, as updates will be emailed)

Is billeting required: Yes ____ No ____

Camp T-shirt - one per registrant (no additional charge):

Youth YM, YL, YXL Adult S, M, L, XL, XXL (circle one)

CAMP AGREEMENT

The skater covered under this registration and their respective parent/guardian signing this Registration Form, hereby agree that the Fredericton Amateur Speed Skating Club Inc. and all authorized personnel (coaches, supervisors, etc.) may create guidelines from time to time for the safe and responsible operation of the Camp. The undersigned skater and parent agree to abide by the guidelines and acknowledge that failure to comply with the guidelines may result in expulsion from the Camp.

In addition, in consideration of your accepting this application I hereby, for myself, my heirs, executors, administrators and assigns, waive and release any rights and claims for damages I may have against SSNB, FASSCI, the Lady Beaverbrook Arena, the City of Fredericton, and its agents, officers, or members for all and any injuries suffered by me at the Camp d'Été Benny Scholten Summer Camp to be held at the LBR, August 23-27, 2010.

Name of Skater: _____

Parent/Guardian Signature: _____ Date: _____

EMERGENCY CONTACT INFORMATION

Parents/guardians of skaters enrolled in the camp must be available, or be able to make equivalent arrangements on short notice, in case of emergency. Please provide a phone number where someone can be reached in case of emergency, day or night. In addition, for medical and insurance purposes, the attached SSNB Personal Health Form must be returned with this Registration Form.

Parent/Gaurdian Name: _____

Contact telephone numbers: Home: _____ Work: _____
Cell: _____

Alternate Parent / Guardian Name: _____

Contact telephone numbers: Home: _____ Work: _____
Cell: _____

WE NEED VOLUNTEERS BEFORE AND DURING THE CAMP.

We would love to have YOU join us in making this camp a success.

NAME _____

Which Day(s) _____

What type of work do you enjoy? (See list below for ideas)

Volunteer Jobs needing to be filled:

- Registration Bag Coordinator
- Registration Desk workers
- “Den” Parents to help supervise in the dressing room and with some activities
- Errand People
- Assistants for the Summer Camp Picnic
- Drivers with vehicles for travel to off site activities
- Families willing to billet skaters
- Other skills or resources that you wish to contribute

Speed Skate New Brunswick

Fredericton Amateur Speed Skating Club Inc.

PERSONAL HEALTH FORM

The information on this form will be used at the discretion of the coaches and camp personnel to ensure care and attention is given to the health of the participant. All information on this form is considered **Personal and Confidential**. This completed form must be returned with your registration form.

Name _____ Birth Date _____
Last Name Given Name year/month/day

Height _____ Weight _____

Provincial Health Ins. No. _____ Expiry Date _____

Other Health Ins. No. _____ Subscriber's Name _____
Please provide a photo copy of Provincial Health Insurance card and any private insurance card.

Family Doctor _____ Phone() _____

Does the participant have allergic reactions to such things as drugs, food, insect stings, etc.? If so, list, giving type of reaction, treatment given, etc. _____

Does the applicant require an epi pen? Y / N
If yes, is the applicant prepared to carry the Epi pen at all times? Y / N

Is the applicant currently subject to any of the following?
Seizures Motion Sickness
Respiratory Illness Ear Infections
Menstrual Cramps Headaches

Please give details of usual treatment should condition occur: _____

Chronic conditions or recent illnesses of which staff should be aware _____

Please specify details of medication (over-the-counter and/or prescribed) or treatment required for the above _____

Name of skater: _____

Date of last tetanus shot: _____

Are glasses or contact lenses worn? _____

Do you have any other instructions for staff regarding the applicant's health care and/or diet?

Do you give permission for camp personnel to give Tylenol (acetaminophen), Gravol (dimenhydrinate), or Advil (ibuprofen) if needed? Y / N

I hereby authorize the camp personnel to secure such medical advice and services as may be deemed necessary for the health and safety of myself, my son or daughter.

_____ Date _____

Signature of participant
(or parent/guardian if participant is under Provincial legal age)