

## Dakota Development Camps Spring Break Camps Application Form 2008

Name \_\_\_\_\_ Address \_\_\_\_\_ City/Town \_\_\_\_\_  
 Postal Code \_\_\_\_\_ Phone (H) \_\_\_\_\_ Parent (W) \_\_\_\_\_ Emerg.# \_\_\_\_\_  
 Sex: M \_\_\_\_\_ F \_\_\_\_\_ Age \_\_\_\_\_ Position \_\_\_\_\_ Birthdate D \_\_\_\_\_ /M \_\_\_\_\_ /Y \_\_\_\_\_  
 VISA/M.C. # \_\_\_\_\_ Expiry Date \_\_\_\_\_  
 Authorized Credit Card Signature \_\_\_\_\_ Health Insurance # \_\_\_\_\_  
 Name of Parents/Guardian: \_\_\_\_\_ Community Club \_\_\_\_\_  
 Health Remarks/Special or Group Requests: \_\_\_\_\_  
 Email address for future program info: \_\_\_\_\_

**Please Check Desired Program**

1. OPTIMAL BODY CHECKING CAMP - 1 DAY (\$39.00)  

| <u>SESSION</u> | <u>AGES</u> | <u>DATES</u> | <u>TIMES</u>    |
|----------------|-------------|--------------|-----------------|
| _____ 1        | 10 -13      | Monday       | 2:10pm – 3:40pm |
  
2. OPTIMAL POWERSKATING PERFORMANCE - 4 DAYS (\$100.00)  

| <u>SESSION</u> | <u>AGES</u> | <u>DATES</u>      | <u>TIMES</u>      |
|----------------|-------------|-------------------|-------------------|
| _____ 1        | 8 - 10      | Monday – Thursday | 9:30am – 10:30am  |
| _____ 2        | 11 - 13     | Monday – Thursday | 10:40am – 11:40am |
  
3. OPTIMAL GOALTENDING CAMP - 4 DAYS (\$125.00)  

| <u>SESSION</u> | <u>AGES</u> | <u>DATES</u>      | <u>TIMES</u>      |
|----------------|-------------|-------------------|-------------------|
| _____ 1        | 8 -10       | Monday – Thursday | 11:50am – 12:50pm |
| _____ 2        | 11 -14      | Monday – Thursday | 1:00pm - 2:00pm   |
  
4. OPTIMAL DEFENCEMEN CAMP - 1 DAY (\$39.00)  

| <u>SESSION</u> | <u>AGES</u> | <u>DATES</u> | <u>TIMES</u>    |
|----------------|-------------|--------------|-----------------|
| _____ 1        | 9 -14       | Tuesday      | 2:10pm – 3:40pm |
  
5. OPTIMAL SHOOTING & SCORING CAMP - 2-1 DAY CAMPS (\$39.00)  

| <u>SESSION</u> | <u>AGES</u> | <u>DATES</u> | <u>TIMES</u>    |
|----------------|-------------|--------------|-----------------|
| _____ 1        | 9 -11       | Wednesday    | 2:10pm – 3:40pm |
| _____ 2        | 12 -14      | Thursday     | 2:10pm – 3:40pm |

**Parental Consent and Waiver of Responsibility:** The applicant agrees that the Dakota Community Centre and it's staff will not be held responsible for any accidents or loss of personal property, and agrees to waive, discharge claims, and release from liability the Dakota Community and it's staff from all claims or damages which may arise as a result of such accidents or loss.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

MAIL TO: Dakota Development Camps  
 1188 Dakota Street  
 Winnipeg, Manitoba  
 R2N 3H4

Email: [billykeane@shaw.ca](mailto:billykeane@shaw.ca)

Website: [www.dakotacc.com](http://www.dakotacc.com)

Phone: (204)254-1010 Fax: 254-8220