



SUMMER DAY CAMP REGISTRATION FORM 2017

PART A: PARTICIPANT INFORMATION

Last Name:	First Name:	Birthdate: (DD/MM/YYYY)
Address:		Gender: (male / female)

PART B: FAMILY INFORMATION

Mother / Guardian Name:	Father / Guardian Name:
Best Phone #:	Best Phone #:
Alternate Phone #:	Alternate Phone #:
Email:	Email:

PART C: PROGRAM REGISTRATION

CAMP WEEK (select all that apply)

<input type="checkbox"/>	Week 1, July 3 rd -7 th , The Olympics	\$150	_____
<input type="checkbox"/>	Week 2, July 10 th -14 th , Crazy Scientist	\$150	_____
<input type="checkbox"/>	Week 3, July 17 th -21 st , Sport Fanatics	\$150	_____
<input type="checkbox"/>	Week 4, July 24 th -28 th , We Love Disney	\$150	_____
<input type="checkbox"/>	Week 5, July 31 st -August 4 th , Amazing Animals	\$150	_____
<input type="checkbox"/>	Week 6, Aug. 8 th -Aug.11 th , This Week's Got Talent	\$120	_____
<input type="checkbox"/>	Week 7, Aug.14 th -Aug. 18 th , Water Works	\$150	_____
<input type="checkbox"/>	Week 8, Aug. 21 st -Aug. 25 th , The Outback Adventure	\$150	_____
<input type="checkbox"/>	Week 9, Aug. 28 th -Sept. 1 st , Wacky Week	\$150	_____

BEFORE & AFTER CARE

Cost is based on a weekly registration and will not be available on a day by day basis. Should your child not require care at times during the week, it is your responsibility to provide information in writing on the first day of camp.

Before Care (available from 7:30am-8:30am)
 Camp Week(s) #: _____ x \$20.00 = _____

After Care: (available from 4:30pm-5:30pm) ***NOT required if enrolling in swim lessons***
 Camp Week(s) #: _____ x \$20.00 = _____

SWIMMING LESSONS

Lessons will be scheduled between 4:00pm – 5:00pm according to number of children registered and their abilities. Confirmation of your child's swim time will be provided prior to the start of camp.

Camp Week(s) #: _____ x \$35.00 = _____

Camp Week #6 (4 lessons) x \$27.00 = _____

TOTAL:

Payment must be received in full to hold your child's place.

All prices include HST

OFFICE USE ONLY

Payment: Cash Cheque Debit Online Receipt #: _____
 Date: _____ Processed By: _____

PART D: SWIMMING ABILITY

What is your Child's Swimming Ability?

- Weak (*requires lifejacket at all times*)
- Fair (*requires a lifejacket in the deep end*)
- Good (*does not require a lifejacket*)

Last Swim Level Completed:

Please note that all campers will be subjected to a swim assessment each Monday.

PART E: SAFE ARRIVAL & PICK UP

After camp is dismissed, I give permission for my child to be picked up by the following people, in addition to the listed Parents/Guardians:

Full Name:
Relationship to Child:

Full Name:
Relationship to Child:

Full Name:
Relationship to Child:

Please note that photo ID may be requested by staff. In the event that an individual not listed will be picking up your child, written consent must be provided.

PART F: CONSENT

Participant Waiver This signed consent form allows your child to participate in all supervised activities listed on this registration form. The Township of Zorra and its employees are not responsible for any claim, loss, injury, or damage to persons or to property suffered during supervised activities.

Parent/Guardian Initials: _____

Excursions off the Property: I am aware that my child may be taken off the program premises by the staff for walks, picnics, or outings of any kind as may, from time to time, be scheduled as part of the program. Destinations will be contained within the Village of Thamesford and will only be accessed by walking. Staff are not allowed to drive participants for any reason.

Parent/Guardian Initials: _____

Photo Release I give the Township of Zorra permission to photograph my child; and to use these photographs for display and in any future promotional materials, website or other social media without compensation.

Parent/Guardian Initials: _____

Cancellation and Refund Policy Refunds will be issued up to 30 days prior to the start of camp and subject to a \$35.00 administration fee.

Parent/Guardian Initials: _____

Privacy Commitment The Township of Zorra is committed to protecting your privacy. The personal information contained on this form is collected by the Township of Zorra for the purpose of administering recreational programs and for medical information when required in emergency situations. It will be kept secured and confidential.

As the participants Parent or Guardian, I have read and understood the specific program details outlines above and give permission for participation

Parent/Guardian Signature

Date

CAMPER MEDICAL & EMERGENCY INFORMATION

PARTICIPANTS NAME: _____

BIRTH DATE: _____

PART G: EMERGENCY CONTACT (if Parent/Guardian cannot be reached)		
In case of emergency during camp hours, the best way to be reached is:		
Name & Relation:	Phone #:	Alt. Phone:
Name & Relation:	Phone #:	Alt. Phone:
ALTERNATE CONTACT: <i>In the event that the above contacts cannot be reached</i>		
Name & Relation:	Phone #:	Alt. Phone #:

PART H: MEDICAL INFORMATION	
Participants Health Card #:	Expiry Date:
Health History	
Does your child have any allergies? <i>If yes, please list allergy, reaction and severity:</i>	
Does your child have any dietary restrictions we should be aware of? <i>If yes, please list allergy, reaction and severity:</i>	
Does your child require medication while at camp?	
Does your child have any special needs or medical conditions? <i>If yes, please list and explain any information that our staff should be aware of and how it may affect participation in the camp program.</i>	
Does your child display behavioural issues? <i>If yes, please explain and outline strategies that are used at home which may help our staff to create a positive experience for your child:</i>	
Additional Medical Information <i>List any additional medical needs not covered above, including severity and type of intervention required.</i>	

If you have further questions or would like to discuss any special needs which your child may require to be successful at camp, please contact us at 519-617-7977 or [sstarchuck@zorra.on.ca](mailto:ssstarchuck@zorra.on.ca)