

Town of Erin Camp Registration Form



Address Information

Street Address: _____
 Unit #: _____ Town/City: _____ Postal Code: _____

Parent 1 Information

First Name: _____
 Last Name: _____
 Daytime Phone #: _____
 Evening Phone #: _____
 Mobile Phone #: _____

Parent 2 Information

First Name: _____
 Last Name: _____
 Daytime Phone #: _____
 Evening Phone #: _____
 Mobile Phone #: _____

Primary Email Address:

_____ An email address is required. Your camp confirmation and other important camp correspondence will be sent to the email address provided.

Emergency Contact (other than parent)

First Name: _____ Last Name: _____
 Name: _____
 Relationship to Child: _____ Daytime Phone #: _____

CHILD #1

CHILD #2

| | |
|---|---|
| First Name: _____ | First Name: _____ |
| Last Name: _____ | Last Name: _____ |
| DOB (m/d/y): _____ M _____ F _____ | DOB (m/d/y): _____ M _____ F _____ |
| Completed Grade (as of July 1, 2020): _____ | Completed Grade (as of July 1, 2020): _____ |
| Anaphylactic Allergies: No _____ Yes _____, Explain: _____ | Anaphylactic Allergies: No _____ Yes _____, Explain: _____ |
| Health Conditions: No _____ Yes _____, Explain: _____ | Health Conditions: No _____ Yes _____, Explain: _____ |
| Special Needs: No _____ Yes _____, Explain: _____ | Special Needs: No _____ Yes _____, Explain: _____ |
| Do you require 1:1 or 3:1 support in an academic setting? No _____ Yes _____, | Do you require 1:1 or 3:1 support in an academic setting? No _____ Yes _____, |

To make your camp selections, please complete the appropriate table (s) below. Each registration form accommodates two children, listed as Child 1 and Child 2. If you are registering more than 2 children, please complete another set of forms and change Child 1 & 2 to Child 3 & 4 where applicable.

Extended Care (EC) offers supervised activities before and/or after the regular program hours. If selecting Extended Care, hours are from 7:30-9am and 4-5:30pm at a cost of \$25 full week.

| CHILD 1 | WK July 6 – 10 | WK July 13 – 17 | WK July 20 – 24* | WK July 27 - 31 | WK Aug. 10 - 14 | WK Aug. 17 – 21* | |
|----------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--|
| Select Camp Week | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Camp Price | \$180 | \$180 | \$180 | \$180 | \$180 | \$180 | |
| Extended Care | \$25 | \$25 | \$25 | \$25 | \$25 | \$25 | |
| SUB TOTAL | | | | | | | |
| CHILD 1 TOTAL | | | | | | | |

*Waitlist only – if sufficient participants request these weeks – staff will be in contact to finalize the registration.

| CHILD 2 | WK July 6 – 10 | WK July 13 – 17 | WK July 20 – 24* | WK July 27 - 31 | WK Aug. 10 - 14 | WK Aug. 17 – 21* | |
|----------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--|
| Select Camp Week | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Camp Price | \$180 | \$180 | \$180 | \$180 | \$180 | \$180 | |
| Extended Care | \$25 | \$25 | \$25 | \$25 | \$25 | \$25 | |
| SUB TOTAL | | | | | | | |
| CHILD 1 TOTAL | | | | | | | |
| FAMILY TOTAL | | | | | | | |

*Waitlist only – if sufficient participants request these weeks – staff will be in contact to finalize the registration.

Payment Details

Method of Payment: VISA MASTERCARD

Credit Card # _____ Expiry Date: _____ CVC# _____

Full Name on Card: _____

Authorized Signature: _____

(In person only) Cash Cheque

REGISTRATIONS WITHOUT FULL PAYMENT WILL NOT BE PROCESSED

Refund & Cancellation

Full refunds are provided if cancellations are requested in writing 15 days prior to the camp start date. A refund less a \$25 administration fee per program will be provided after 15 days to the camp start date. Sorry, there is no re-imbusement once the program has started or after the Friday 4pm cut off. If the camp program is cancelled by the Recreation Department, a full refund will be provided. Questions regarding any Town of Erin program can be directed to recreation@erin.ca

Do you grant permission for your child(ren) to:

Participate in off-site walking trips? No _____ Yes _____

Do you consent to the Town having the rights to take and broadcast, reproduce, print, publish and distribute images of your child(ren)? No _____ Yes _____,

Wavier

I, the parent/guardian of the child(ren), consent to the child's participation in the program, and willingly assume full responsibility and release the Corporation of the Town of Erin from all liability for damages arising from any incident, accident or injury which is caused by, or arises from, participation in any Town program in any Town or third party owned (i.e. field trip, etc.) location. In addition, I agree to be responsible for full payment of any outstanding program fees owing.

Signature of Parent/Guardian

Date Signed (DD/MM/YYYY)

REGISTRATIONS WITHOUT A SIGNED WAIVER WILL NOT BE PROCESSED

The personal information on this form is collected under the authority of the Municipal Act, as amended. The information is used for the purpose of administering this program registration request. Questions regarding the collection of this personal information can be directed to the Clerk at clerk@erin.ca

