



**Summer  
2016**  
Day Camp Registration

**Personal and Contact Information**

Camper's Last Name: \_\_\_\_\_ First: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Camper's Age Now: \_\_\_\_\_ Male  Female   
Month Day Year

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Relation to Camper: \_\_\_\_\_

Parent/Guardian Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

EMAIL: \_\_\_\_\_ **\*\*LOOK FOR AN IMPORTANT INFORMATIONAL EMAIL THAT WILL BE SENT TO ALL CAMPER'S THE WEEKEND BEFORE THEIR WEEK OF CAMP BEGINS\*\***

Name(s) of others permitted to pick up child: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Camper's Special Needs or Medical Conditions: \_\_\_\_\_

**2** **Which week(s) of Camp will you be attending?**

Attending Camp Week #: (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_ (4) \_\_\_\_\_ (5) \_\_\_\_\_ (6) \_\_\_\_\_ (7) \_\_\_\_\_ (8) \_\_\_\_\_

**OR**

On Which Day of The Week Will Your Child Be Attending? \_\_\_\_\_

**3** **Cost Calculation**

|                |              |                 |
|----------------|--------------|-----------------|
| One Child      | (\$125)      | \$ _____        |
| Two Children   | (\$150)      | \$ _____        |
| Three Children | (\$175)      | \$ _____        |
| Drop-In Fee    | (\$25 a day) | \$ _____        |
| <b>Total</b>   |              | <b>\$ _____</b> |

I, the undersigned do hereby release and agree to indemnify and save harmless the Bonnechere Valley Youth Activity Centre, The Township of Bonnechere Valley and their respective officers, employees or agents and each and every board and Commission thereof, from all claims for loss, injury or damage, to persons and property while participating in or travelling to and from the above activity, which I, or any person claiming through me or on my behalf, may at any time have arising out of or connected with the operation of this activity.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Office Use**

Payment Method: \_\_\_\_\_ Processed By: \_\_\_\_\_

