

PARTICIPANT INFORMATION

Participant Name	Age	Birthdate DD/MM/YYYY	Sex male <input type="checkbox"/> female <input type="checkbox"/>
Address		Email	
Parent/Guardian Name			
Parent/Guardian Name			
Emergency Contact			

MEDICAL/SPECIAL CONSIDERATION INFORMATION

Please complete the following information for all participants with medical or special considerations.

Allergies _____

ADD/ADHD _____

Behavioural Considerations _____

Physical/Developmental Considerations _____

Other Special Considerations and/or Medications _____

SUMMER CAMP REGISTRATION (Please check all days, weeks and ext. care...rates found on previous page)

Week 1 July 4-8	Week 2 July 11-15	Week 3 July 18-22	Week 4 July 25-29	Week 5 Aug. 2-5	Week 6 Aug. 8-12	Week 7 Aug.15-19	Week 8 Aug. 22-26	
<i>Animal Planet</i>	<i>Game Shows</i>	<i>Disney</i>	<i>Doey Goey Science</i>	Short Week <i>Inventors</i>	<i>Canada Summer Games</i>	<i>Out of this World</i>	<i>Spirit Week</i>	
EBR \$134	EBR \$134	EBR \$134	EBR \$134	EBR \$107.20	EBR \$134	EBR \$134	EBR \$134	
REG. R \$148	REG. R \$148	REG. R \$148	REG. R \$148	REG. \$118.40	REG. R \$148	REG. R \$148	REG. R \$148	
\$	\$	\$	\$	\$	\$	\$	\$	
Total for Extended Care				\$	Grand Total			\$

WAIVER

In consideration of the enrolment in the above program(s), the undersigned, in his/her personal capacity, and on behalf of the participant named above, hereby releases and forever discharges the Township of West Lincoln, its agents, servants and employees from all damages, claims, actions or causes of actions, however caused, arising from the participation of the said participant in the above-noted program(s) at any location where the program may be conducted, except where the damage or injury to the said participant is caused by gross negligence of the said Township, its agents, servants, or employees. Permission is hereby granted to the Township of West Lincoln and its representatives to transport my child to a local Doctor or hospital for medical treatment if necessary.

The Township of West Lincoln reserves the right to use photographs of recreation programs and participants for promotional purposes.

Camp requires a minimum number of participants per day. If the minimum number of participants is not met by the week prior, registered participants will be contacted and camp will be cancelled. Refunds will be issued for cancellations.

Personal information contained on this form is collected, maintained and used in accordance with the Municipal Freedom of Information and Protection of Privacy Act, and said information will be used only to facilitate registration for Township program, to produce statistical reports, and to provide inclusive programming. Questions about this collection should be directed to the Township Clerk at 905-957-3346.

Signature (Parent or Guardian): _____

Township of West Lincoln, Parks & Recreation Services
Phone: 905-957-3346 Fax: 905-957-3219 Email: camps@westlincoln.ca Website: www.westlincoln.ca

Additional Information: _____
