

Ausable Bayfield Conservation Authority Summer Nature Day Camp Registration Form

Camper's Name	Birth Date	Age	Sex
Address		Town	Postal Code
Optional: Health Card Number (with letters)		School Name	

Please list any medical or physical health concerns the Conservation Authority should be made aware of:

Emergency Contact	Name	Relationship to camper	Phone Number (Home) Cell Phone:	Phone Number (Work)

Parent or Guardian	Name	Relationship to camper	Phone Number (Home)	Phone Number (Work)

Email: _____ Cell Phone: _____

July 20-24, 2015 <i>Please check all boxes that apply</i>	Fee: \$170/ child/ week	
	Early Drop-Off (8:00-8:30 am)	
	Late Pick-Up (4:30-5:00pm)	

Can your child's photo be used for promotional purposes? Please circle	YES	NO	Total Cost: \$
Cheques should be made payable to: Ausable Bayfield Conservation Authority		Send your registration and cheque to: Ausable Bayfield Conservation Authority R.R. # 3, 71108 Morrison Line Exeter, Ontario N0M 1S5	

LIABILITY WAIVER

I understand that there are risks involved in participating in an activity or program and I acknowledge that my choice to register my child in Day Camp brings with it the assumption by me of those risks. I also release the Ausable Bayfield Conservation Authority and its staff of any claim arising from such risks. Permission is hereby granted to the ABCA and its representatives to transport participant(s) to a local doctor or hospital for medical treatment, if necessary. I also understand that staff will be dealing with a variety of children and that there may be some disciplinary action take if the staff deems it necessary. Such actions will consist of making sure the child realizes that they may be distracting other participants, sitting a child out of activities for a short period of time, and in extreme circumstances, asking the parents to remove the child from the program.

Signature(s) of Parent(s) or Guardian(s)	☐ Please check box if you have read the liability waiver	Date
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