



Camper's Name: _____ Male: ☐ Female: ☐
 First Last

Age: ____ Grade: ____ Date of Birth: _____ Tent Mate Request: _____
 Day Month Year max 4 per tent

Name of Parent/Guardian: _____ Relationship to Camper: _____

First Last

Second Emergency Contact: _____ Relationship to Camper: _____

HEALTH FORM **Mandatory Fields

****Camper's Name:**

Family Doctor: _____ Health Card Number: _____

Address of Doctor: _____ Doctor's Telephone Number: _____

****Physical/ Medical Concerns:**

Current Medication:

Allergies:

Dietary Restrictions:

The ABCA privacy policy protects the confidentiality of information obtained for educational programming under the guidelines of the Freedom of Information and Protection of Privacy Act (Ontario).

Registration Fee: \$225 per child

Early Bird Registration Fee: \$200 (before: April 20)

*All registration fees include but are not limited to: tax, meals and snacks, accommodation, program supplies

PLEASE NOTE: The success of this program is dependent upon number of registrations as of June 8, 2018. We are expecting to run the Camp with 20 participants. In the event that the Camp does not run, a full refund will be issued.

*Payment Options: By Mail: Cheque or In-person: Cash, Interac, Credit Card

*Cheques should be made payable to: Ausable Bayfield Conservation Authority

*Send cheques and registration forms to:

Ausable Bayfield Conservation Authority, 71108 Morrison Line, Exeter, Ontario, N0M1S5

Cancellation Policy: Any cancellations prior to the start of camp will receive a 40% refund of the registration fee paid.

Please feel free to provide any information that may help the camp staff in providing a positive and meaningful experience for your child.

1. Does your child get along better with children of the same age ☐; younger ☐; older ☐; all ages ☐

2. Is your child hesitant about any aspect of camp? Yes ☐ No ☐

If yes, please explain _____

3. Does your child have any serious fears? Yes ☐ No ☐

If yes, please explain _____

4. What are some of your child's special interests? _____

5. Is there anything staff should be aware of regarding your child? _____

6. Additional Comments: _____

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. If at any time emergency medical treatment is necessary for my child, I give my consent for treatment to be given. Every effort will be made to contact Parent/Guardian(s). I also understand that staff will be dealing with a variety of children and that there may be some disciplinary action taken 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
AGREEMENT

Date

Do you give permission to use your child's photo for promotional purposes? Please circle. YES NO