CDRC DAY CAMP REGISTRATION

Please complete a separate application for each child.

Camper Information

Child's Name:	Age During Camp:
Birthdate (yyyy/mm/dd):	☐ Male ☐ Female
Address:	Swim Level (Please indicate if your child needs a life jacket):

Camper Health Information

Health Card Number:

Medical Information/ Special Notes (Allergies, Prescription Medications, Behavioural or Special Considerations, etc.); Please understand that if your child requires any special supervision at school, you must provide the same at camp, and we reserve the right to send campers home at our discretion.

In the event of an emergency, if we cannot reach you, please indicate your permission to authorize emergency care by signing below:

X_____

Signature of Parent or Guardian Date Staff Initial

Parent/Guardian(s) Contact Information

Parent/ Guardian (Primary Contact)	**Parent/Guardian (Secondary Contact)**
Name: Relationship to Camper: Daytime Phone: Cellphone: Email Address:	Name: Relationship to Camper: Daytime Phone: Cellphone: Email Address:

Pick up Information Children must be signed in/out daily by guardian. Please list additional person(s) authorized to pick up and sign out your child.

Name:	Relationship:	Phone:
Name:	Relationship:	Phone:
Name:	Relationship:	Phone:

Image Release

By enrolling your child in the CDRC Day Camp, you authorize that any photographs, motion pictures and/or video recordings taken of him/her participating in a CDRC program may be used by the CDRC for the purpose of promotion in our recreation guide, on our social media accounts (Facebook), within our facility and on our website. These images will be fully owned by the CDRC and you won't make any claim against the CDRC or the photographer for their use for any reason whatsoever.

It is understood by the party enrolling the child in the CDRC Day Camp that the scope of consent is as described above, and that there will be no consideration, monetary or otherwise, required from CDRC in exchange for such consent.

Cancellation and Change Policy
Requests for cancellations or refunds must be made in writing and submitted to the Facility Administration Manager. Please contact the manager directly for refund criteria. Refunds will not be granted for inclement weather or for inability to attend each day of the session. Refunds will not be issued in instances where the camper is removed from the camp program at the choice of the camper or the camper's parent/guardian, or is dismissed from the camp for contravention of camp guidelines or the camp code of conduct for behaviour.

I hereby release the Centre Dufferin Recreation Complex and its employees from all claims for damages arising from any accident or injury which is caused by, or arises from, participation of the applicant(s) named during any program or in any facility or at any location where a program is held.

I have read and agree to abide by the cancellation and image release policies.

X_____
Signature of Parent or Guardian Date Staff Initial

Camp Sessions (Please indicate the week(s) that your child will be attending camp)

☐ Hawaiian Hullabaloo: July 2nd-6th	☐ Junior Scientists: July 30th-3rd
☐ Incredible Athletes: July 9th-13th	☐ Everything Disney: August 6th-10th
☐ CDRC's Got Talent: July 16th-20th	☐ Camping Craze: August 13th-17th
☐ Food Frenzy: July 23rd-27th	☐ Beyond the Board Games: August 20th-24th

If you are signing your child up for individual days, please indicate the dates below:

Payment Information

Pricing:	**Payment By:**
$160.00 per week $310.00 per 2 weeks $7.00 After Care per Day (5:00-6:00 pm)	☐ Cheque made payable to Centre Dufferin Recreation Complex ☐ Cash ☐ Debit

Amount Enclosed for Camp(s): $_____