

TOWNSHIP of RIDEAU LAKES
1439 County Road 8, Chantry, Ontario K0E 1G0

RIDEAU LAKES DAY CAMP REGISTRATION FORM

(This form can be mailed or dropped off at the Township Offices in Chantry with appropriate registration fees)

PARTICIPANT (s) INFORMATION

Name _____ M ___ F ___ Age (4-12) _____

Name _____ M ___ F ___ Age (4-12) _____

Name _____ M ___ F ___ Age (4-12) _____

Address _____

_____ Postal Code _____

Home Phone _____ Day Time Phone _____

Parent E-mail (this is our primary form of contact): _____

This program involves physical activity. Does your child have a health issue we should be made aware of? If so, what is it, and is any medication required? _____ *

Please identify if your child has any allergies and if these allergies require an EpiPen: _____ *

*(Please use back of page if more space is required.)

EMERGENCY CONTACT INFORMATION:

Name _____ Day Time Phone _____

Please indicate which dates your child(ren) will be attending day camp: _____

Please circle the **bus stop** you wish to use - or - check here if **driving** your child(ren) to camp _____

Bus 1: Lombardy Chantry Delta Morton **Bus 2:** Portland Westport Newboro Elgin

Our camp offers **Red Cross Certified swimming lessons** at no additional cost. If your child has previously taken swimming lessons, please indicate below, and send a copy of the highest level achieved to date.

_____ If you do not want your child to participate in swimming lessons, please notify us.

Permission to photograph/video: By signing this registration form, I give permission for the Township of Rideau Lakes to take pictures/videos of myself and/or family members that may be used in future publications and/or on the Township's website for the purpose of promoting the day camp/recreational activities, and sharing camp memories with families, understanding that the person(s) photographed/videoed *will not be identified by name.*

Refunds: Requests must be received at least 5 days prior to the start of the program. **No refund will be given after the program commences** except on a pro-rata basis for certified medical reasons. Cancellation fees: \$20.00 or 25% of the program fee, whichever is greater.

Waiver: By signing this registrations form, I understand that there are risks involved in participating in any activity or program and I acknowledge that my choice to participate or register myself or my children in the above mentioned activity or program brings with it the assumption by me of those risks. I am aware of no physical or other reason why the above named person should not participate in this program. I do hereby release the Township of Rideau Lakes and its employees and agents from any claim whatsoever arising from my participation or from my children's participation in any program as stated above, or in any facility or location where a program is held.

Signature of participant or parent/guardian

Date

Registration Fees \$ _____ Paid by Cheque _____ Post dated Cheque _____ Cash _____ Debit _____

Cheques or money orders are to be made payable to the **Township of Rideau Lakes**.
An administrative fee will be charged for any returned cheques.