

Pioneer Pals Day Camp 2010

APPLICATION FORM -Part 1

Please make a separate copy for each additional child.

CHILD INFORMATION Male ___ Female ___

Last Name: _____

First Name: _____

Address: _____

City: _____ Prov.: _____

Postal Code: _____

Age as of July 1, 2010: _____

Birthdate: Day ___ Month ___ Year ___

DAY CAMP SESSION PREFERRED

(Please indicate 1st, 2nd and 3rd choice.)

___ **Session 1** July 5 to 9

___ **Session 2** July 12 to 16

___ **Session 3** July 19 to 23

___ **Session 4** July 26 to 30

___ **Session 5** August 2 to 6

___ **Session 6** August 9 to 13

___ **Session 7** August 16 to 20

COST (HST included)

Per week/per child _____ \$192.10

Each additional sibling _____ \$146.90

(Include payment with registration to ensure a space.)

Cheque (enclosed)

Visa /Mastercard # : _____

Expiry Date: _____

OTHER IMPORTANT INFO

Child's Health Card No: _____

Allergies: _____

Other Medical Conditions or medication:

Please attach other information that would assist us in providing for your child's care. (More on reverse...)

APPLICATION FORM -Part 2

PARENT/GUARDIAN INFORMATION

Mother's Name: _____

Home Tel: _____

Work Tel: _____

Father's Name: _____

Home Tel: _____

Work Tel: _____

E-mail: _____

EMERGENCY CONTACT PERSON

Name: _____

Home Tel: _____

Work Tel: _____

Person(s) Authorized To Pick Up My Child;

Name: _____

Name: _____

WAIVER OF LIABILITY

In permitting my child to attend the Pioneer Pals Day Camp operated by Upper Canada Village, I provide permission for my child to participate in a full range of camp activities, unless I notify you otherwise in writing. I authorize the Camp Director, or his/her designate, in the event of accident or illness affecting my child, to authorize all procedures and related expenses, including admission to hospital and necessary treatment as deemed necessary for the care and well being of my child. Such action is to be taken only when immediate contact with the undersigned cannot be made. I agree that, having taken such precautions as in your discretion are deemed advisable, Upper Canada Village will not be held responsible for any accident or illness to my child. I also understand and agree that any pictures taken at camp may be used for promotion of Upper Canada Village. I waive any right to compensation and/or the right to inspect or approve the finished picture or printed material.

As legal guardian, I authorize the above named person(s) to pick my child up from the Day Camp. I also declare that I have read and understood, and consent to the Waiver of Liability above.

Signature: _____

Date: _____