



# Foley Mountain Winter Adventurers Day Camp

## Registration Form

### Camper Information

Name: .....

Date of Birth: ..... Age:.....

Health Card #: .....

Name: .....

Date of Birth: ..... Age:.....

Health Card #: .....

Name: .....

Date of Birth: ..... Age:.....

Health Card #: .....

### Parent/Guardian Contact Information

Parents/Guardians: .....

e-mail: .....  
(confirmation letters sent via e-mail)

Address: .....

Postal Code: .....

Telephone (W): .....

(H) .....

Alternate Number: .....

### Emergency Contact Information

Name/Relationship: .....

Telephone: .....

Medical or Special Needs that our staff should be aware of (*allergies — food, insects, etc.*) (*behavioral — ADHD, etc.*)

.....  
.....  
.....

### Day Camp Session

February 3, 2012 from 9 a.m. to 4 p.m.

Number of campers x \$40..... \$ .....

• Cost includes snowshoe rental, snacks, and a frothy hot chocolate!

**Total:** ..... \$ .....

### Payment Information

Cheque enclosed for: \$ ..... Cheque #: .....  
(Payable to Rideau Valley Conservation Authority)

VISA: ..... exp. date: .....

Mastercard: ..... exp. date: .....

*Refund Policy: \$25 fee up to one week before session starts. No refunds less than seven days prior to start of session.*

I understand that there are risks involved in an activity or program and I acknowledge that my choice to register my child in the above named activity or program brings with it the assumption by me of those risks. I also release from the Rideau Valley Conservation Authority of any claim whatsoever arising from such risks. Permission is hereby granted to the Rideau Valley Conservation Authority and its representative to transport participant (s) to a local doctor or hospital for medical treatment if necessary.

Signature of Parent/Guardian: ..... Date: .....

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Fax: 613-489-3440