

Baxter Summer Camp Programs

2017 Registration Form

Camper Information

Name:

Date of Birth: Age:

Health Card #:

swimmer non-swimmer

Name:

Date of Birth: Age:

Health Card #:

swimmer non-swimmer

Name:

Date of Birth: Age:

Health Card #:

swimmer non-swimmer

Medical or Special Needs that our staff should be aware of (*allergies — food, insects, etc.; behavioral – ADHD, etc.; lifejacket required when swimming, etc.*)

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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:

Summer Camp Session <i>(write the camper's name in the applicable boxes)</i>	July 10 to 14, 2017	July 17 to 21, 2017	July 31 to August 4, 2017	August 14 to 18, 2017	August 21 to 25, 2017
Nature Explorers Day Camp – Salamanders 6-8 yrs \$190/camper					
Nature Explorers Day Camp – Bullfrogs 9-12 yrs \$190/camper					
Canoe Camp: 10-14 yrs \$245/camper					
Camper(s) Fee.....	\$				
Before and After Care: \$10/day/camper (Maximum \$100 per family)	\$				
8:00-9:00 a.m. 4:00-5:00 p.m. drop off <input type="text"/> a.m., pick up <input type="text"/> p.m.					
\$25 off each additional family member per session	- \$				
Total:	\$				

Family Programs — all programs \$5/per person unless otherwise noted					
July 5	FREE Pond Study	10:00 to 12:00	How many attending _____	Cost _____	
	FREE Pond Study	1:00 to 3:00	How many attending _____	Cost _____	
July 25	Family Forest Exploration Program	10:00 to 12:00	How many attending _____	Cost _____	
	Family Forest Exploration Program	1:00 to 3:00	How many attending _____	Cost _____	
July 27	Nature Navigation Family Programs				
	Orienteering	10:00 to 12:00	How many attending _____	Cost _____	
	GPS	1:00 to 3:00	How many attending _____	Cost _____	
August 9	Outdoor Survival Skills Family Program	10:00 to 12:00	How many attending _____	Cost _____	
	Outdoor Survival Skills Family Program	1:00 to 3:00	How many attending _____	Cost _____	
August 10	Pond Life Program	10:00 to 12:00	How many attending _____	Cost _____	
	Incredible Insects	1:00 to 3:00	How many attending _____	Cost _____	

Payment Information

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


VISA 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.

I grant permission for images of the participant(s), captured during regular RVCA activities through video, photo and digital camera, to be used solely for the purposes of the RVCA's promotional material and publications and do hereby waive any rights of compensation or ownership.

Signature of Parent/Guardian: _____ Date: _____



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