

RVCA Winter Adventurers Day Camp

2017 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

Location:

Baxter Conservation Area (9am to 4pm): February 17, 2017

Number of campers _____ x \$40 \$ _____

• Cost includes snowshoe rental and a frothy hot chocolate!

\$5 off each additional family member per session _____ x \$5..... - \$ _____

Total: \$ _____

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 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.

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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