

Baxter Summer Camp Programs

Registration Form

Camper Information		Emergency Contact Information	
Names (s): _____		Name/Relationship: _____	
Date of Birth: _____ Age: _____		Telephone: _____	
Address _____		Health Card Number: _____	
Postal Code: _____			
Parent/Guardian _____		Medical or Special Needs that our staff should be aware of.	
Names: _____		(allergies – food, insects, etc.) (behavioral – ADHD, etc.)	
Telephone (W): _____		_____	
(H): _____		_____	
Alternate Number: _____		e-mail: _____	
		<small>(confirmation letters sent via e-mail)</small>	

Summer Camp Sessions (check applicable boxes)						
	July 11-15	July 18-22	July 25-29	Aug 8-12	Aug 15-19	Aug 22-26
Salamanders: 6-8 yrs \$175/camper						
Bullfrogs: 9-12 yrs \$175/camper						
Overnight Option \$25						
Canoe Camp: 10-13 yrs \$230/camper						
Conservation Camp: 9-13 yrs \$230/camper						
\$25 off additional family member/session						
TOTAL:						
BEFORE AND AFTER DAY CARE: \$5/day						
7:30-9:00 a.m. and/or 4:00-5:30 p.m. drop off _____ a.m. pick up _____ p.m.						

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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