

Baxter Conservation Area Summer Camp Programs



2019 Registration Form

Parent/Guardian: _____ e-mail: _____ Phone #: _____

Address: _____ City/Town: _____ Postal Code: _____

Alternate Emergency Contact Name: _____ Phone #: _____

Name 1: _____ Date of Birth: _____ Health Card #: _____ Swimmer: _____

Notes 1: _____

Name 2: _____ Date of Birth: _____ Health Card #: _____ Swimmer: _____

Notes 2: _____

Name 3: _____ Date of Birth: _____ Health Card #: _____ Swimmer: _____

Notes 3: _____

Date	Nature Explorers Day Camp \$225/camper		Canoe Camp \$275/camper	Before Care \$5/camper/day	After Care \$5/camper/day
	6-8 years	9-12 years	10-14 years	8-9 am	4-5 pm
	Write camper's names in the boxes below			Write approx. times below	
July 8-12 2019					
July 15-19 2019					
July 29-Aug 2 2019					
Aug 12-16 2019					
Aug 19-23 2019					

Program Total: \$ _____

Note: There is a discount of \$25 off for additional family members to the same session of camp.

Before/After Care Total: \$ _____

Note: the maximum for before and after care combined per family is \$100

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

VISA MasterCard _____ CVC: _____ exp date: ____ / ____ authorized for: \$ _____

Refund Policy: \$25 fee up to one week before date of registered program. No refunds less than seven days prior to date of registered program.

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.

Box 599
Manotick, ON
K4M 1A5
Tel: 613-489-3592
Fax: 613-692-0831

Signature of Parent/Guardian: _____ Date: _____