

# Baxter Conservation Area Family Programs

**2018 Registration Form**

## Contact Information

Parent/Guardian: \_\_\_\_\_ e-mail: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City/Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Alternate Emergency Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

## Program Information (all programs run from 10 am to 12 pm)

Date	Program	Participants' Names	# 0-4 attending (free)	# 5-16 attending (\$5.50)	# adults attending (\$5.50)
July 24	Pond Study				
July 25	Incredible Insects				
July 26	GPS & Geocaching				
July 28	Pond Study				
August 7	GPS & Geocaching				
August 18	Pond Study				
August 28	Survival in the Woods				
August 29	Pond Study				
August 30	Incredible Insects				
Total Cost (maximum \$22/family/program)					

Please note any medical or special needs that our staff should be aware of (allergies — food, insects, etc.; behavioral – ADHD, etc.)

## Payment Information

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

VISA MasterCard \_\_\_\_\_ exp. date: \_\_\_\_ / \_\_\_\_ authorized for: \$ \_\_\_\_\_

**Refund Policy:** No refunds less than seven days prior to date of registered family 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: \_\_\_\_\_