

Baxter Conservation Area

Family Programs

2017 Registration Form

Contact Information

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

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

Alternate Emergency Contact Name: _____ Phone #: _____

Program Information

Date	Program	Time	# 0-5 attending (free)	# 5-16 attending (\$5/youth)	# adults attending (\$5/adult)
July 5	FREE Pond Study	10 am to 12 pm			
	FREE Pond Study	1 pm to 3pm			
July 25	Family Forest Exploration Program	10 am to 12 pm			
	Family Forest Exploration Program	1 pm to 3pm			
July 27	Nature Navigation Family Programs				
	Orienteering	10 am to 12 pm			
	GPS	1 pm to 3pm			
August 9	Outdoor Survival Skills Family Program	10 am to 12 pm			
	Outdoor Survival Skills Family Program	1 pm to 3pm			
August 10	Pond Life Program	10 am to 12 pm			
	Incredible Insects	1 pm to 3pm			
Total Cost (maximum \$20/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 enclosed for: \$ _____ Cheque #: _____
(Payable to Rideau Valley Conservation Authority)

VISA Mastercard _____ exp. date: _____

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: _____