



2019 Foley Mountain Nature Day Camp Registration Form

Name: _____
 Date of Birth: _____ Age: _____
 Health Card #: _____

Parents/Guardians: _____
 e-mail: _____
(confirmation letters and upcoming program information sent via e-mail)

Name: _____
 Date of Birth: _____ Age: _____
 Health Card #: _____

Address: _____
 Postal Code: _____
 Telephone (W): _____ (H): _____
 Alternate Number: _____

Name: _____
 Date of Birth: _____ Age: _____
 Health Card #: _____

Emergency Contact Information
 Name/Relationship: _____
 Telephone: _____

Authorized Pick Up Person(s)

Name: _____ Telephone: _____ Relationship to Child: _____
 Name: _____ Telephone: _____ Relationship to Child: _____

Camper Medical History – Please complete only if your child has a medical problem or allergy.

Physician's Name: _____ Telephone: _____
 Dentist's Name: _____ Telephone: _____

- Allergies (checklist)
- Food (ALGF) Carries Epipen (EPIP)
 - Drug (ALGD) Insect bite (ALGI)
 - Carries Asthma Inhaler

Please list specific allergies food/drugs/insects: _____

Please list type of reaction that occurs (i.e., rash, swelling, difficulty breathing, etc.): _____

Is the participant under any form of treatment/medication for any condition or injury?

No Yes, please explain: _____

Other Health Concerns

- Food (ALGF) Carries Epipen (EPIP)
- Diabetic (DIBT) Epilepsy/Convulsions (EPLC)
- Emotional/Behavioural (EMOB) Asthma (ASTH)
- Injury (INJR) Other (MEDO), please explain: _____

Foley Mountain Conservation Area Nature Day Camp Sessions

Full Week Programs	Date/Time	Child Name(s)	Fee
Outdoor Adventurers (for children aged 6-12) \$200/camper	July 15-19, 9am-4pm		\$
Nature Explorers (for children aged 6-12) \$200/camper	July 29-August 2, 9am-4pm		\$
Junior Naturalist (for children aged 6-12) \$200/camper	August 12-16, 9am-4pm		\$
Subtotal			\$
\$25 off each additional family member in same full-week program			-\$
Total			\$

Payment

- Cash enclosed: \$ _____
- Cheque enclosed for: \$ (Payable to Rideau Valley Conservation Authority) Cheque #: _____
- VISA MasterCard # _____ Exp. Date: _____ CVC: _____
- Receipt Required

Refund Policy: \$25 fee up to one week before session starts. No refunds less than seven days prior to start of session.

Assumption of Risks and Informed consent/waiver of claims

- 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, including posting on social media (including but not limited to: Facebook, Twitter, YouTube), and do hereby waive any rights of compensation or ownership.
- I understand that participation in outdoor activities may involve risks and natural hazards including, but not limited to: trails and routes, rough or unstable surfaces; areas with fallen timber, shrubbery, branches, rocks, roots or other obstacles, activity near streams, rivers and lakes; proximity to domestic and wild animals, changes or variations in the terrain; motor vehicles and natural or man-made objects; weather conditions; miscellaneous health problems related to the sun, insect bites, fatigue, stress, dehydration and exertion.
- I am aware of the risks, dangers and hazards associated with participation in outdoor activities and I freely accept and fully assume all such risks, dangers and hazards and the possibility of personal injury, death, property damage or loss resulting therefrom. I also release from the Rideau Valley Conservation Authority of any claim whatsoever, and all liability for any loss, damage, expense or injury, including death, that I may suffer or my next of kin may suffer or my child may suffer, as a result of my participation in outdoor activities. 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 confirm that I have read the Foley Mountain Nature Day Camp Handbook and understand the types of activities involved and the risks associated with those activities.

Signature of Parent/Guardian: _____ Date: _____

Registration Form Submission — Send completed form to: rebecca.whitman@rvca.ca or mail to P.O. Box 244, Westport, ON K0G 1X0.

More Questions? Email rebecca.whitman@rvca.ca or call 613-273-3255.

Staff Use Only — check appropriate information	
<p>Payment Information</p> <p><input type="checkbox"/> Credit card/cheque information submitted to finance Date: _____</p> <p><input type="checkbox"/> Cash deposited in Obank or Ocash box Date: _____</p> <p><input type="checkbox"/> Receipt requested from finance Date: _____</p>	<p>Communications</p> <p><input type="checkbox"/> Parent Handbook sent to parent/guardian Date: _____</p> <p><input type="checkbox"/> Confirmation of registration sent to parent/guardian Date: _____</p> <p><input type="checkbox"/> Final confirmation sent to parent/guardian Date: _____</p>