Senior Day Camp Registration 2017

Last Name:	
First Name:	
Date of Birth:	**Age:**
Gender:	

Cost: Member, $130/week

Select Weeks (4 day week)**

Week 1: July 4th-7th** ☐ **Week 6: Aug 8th-11th ** ☐

Week 2: July 10th-14th ☐ **Week 7: Aug 14th-Aug 18th** ☐

Week 3: July 17th-21st ☐ **Week 8: Aug 21st- Aug 25th** ☐

Week 4: July 24th-July 28th ☐ **Week 9: Aug 28th-Sept 1st** ☐

Week 5: July 31st- Aug 4th ☐ **Lunch ($8 per day): Yes** ☐ **No** ☐

Parent/Guardian Information

Name:	**Relationship to child:**
Home Phone #:	**Cell Phone #:**
Address:	**Email:**

Name:	**Relationship to child:**
Home Phone #:	**Cell Phone #:**
Address:	**Email:**

Red Cross Swimming lessons and Tennis lessons are available every week for members. Both swimming and tennis lessons will run for two weeks at a time.

Tennis Lessons: Yes ☐ No ☐

Swimming Lessons: Yes ☐ No ☐ Level: _____

Medical Information

Doctor:	**Phone Number:**
City:	**Health Card Number:**
Allergies:	
Medical Issues:	
Medications:	
Additional Information:	
Swimming ability/comfort level:	

Emergency Consent

I HEREBY GIVE MY/OUR CONSENT FOR MY/OUR CHILD _____ WHEN ILL/INJURED, TO BE TAKEN TO NEAREST EMERGENCY SERVICE CENTRE BY THE STAFF OF SARNIA RIDING CLUB DAY CAMP WHEN I/WE CANNOT BE CONTACTED. I CONSENT TO AN AMBULANCE BEING CALLED IF NECESSARY. I FURTHER AGREE TO PAY ALL COSTS INCURRED FOR TRANSPORT.

SIGNATURE _____ DATE _____

Media Release

DURING DAY CAMP, WE WILL TAKE PICTURES/VIDEOS OF THE CHILDREN DOING FUN ACTIVITIES. THESE PHOTOS MAY BE USED FOR PROMOTIONAL PHOTOS ON THE WEBSITE AND PUBLICATIONS SUCH AS: NEWSPAPER, FLYERS, PAMPHLETS AND POSTERS. WE REQUIRE YOUR PERMISSION TO TAKE SUCH PHOTOS/VIDEOS. WE RESPECT YOUR WISHES IF YOU CHOOSE TO NOT HAVE YOUR CHILD PHOTOGRAPHED/TAPED. **PLEASE SIGN EITHER YES OR NO.**

YES, I GIVE PERMISSION FOR MY CHILD TO BE PHOTOGRAPHED AND FOR IMAGES TO BE CAPTURED THROUGH PHOTO OR VIDEO TO BE USED FOR PURPOSES OF PROMOTION OF THE SARNIA RIDING CLUB.

SIGNATURE _____ DATE _____

NO, I DO NOY GIVE PERMISSION FOR IMAGES OF MY CHILD TO USED FOR PURPOSES AND PROMOTION OF THE SARNIA RIDING CLUB.

SIGNATURE _____ DATE _____