|  |  |
| --- | --- |
| **Last Name:** |  |
| **First Name:** |  |
| **Date of Birth:** | **Age:** |
| **Gender: M/F** |  |



**Summer Day Camp Registration 2019**

**Cost:**

**Member - $150/week; \*Four-day week - $125;**

**Non-member - $225/week; \*Four-day week - $200**

**Please Check Weeks (\*\* 4 day week) & Circle Lunches**

**🗆 Week 6 (Safari): Aug 6th-9th \*\***

**Lunch (@$8+tax/day): T W Th F**

**🗆 Week 7 (Careers): Aug 12th-16th**

**Lunch (@$8+tax/day): M T W Th F**

**🗆 Week 8 (Space): Aug 19th-23rd**

**Lunch (@$8+tax/day): M T W Th F**

**🗆 Week 9 (Under the sea/beach): Aug 26th- 30th**

**Lunch (@$8+tax/day): M T W Th F**

**🗆 Week 1 (Olympics): July 2rd-5th \*\***

 **Lunch (@$8+tax/day): T W Th F**

**🗆 Week 2 (Other worlds): July 8th-12th**

**Lunch (@$8+tax/day): M T W Th F**

**🗆 Week 3 (Outdoor explorers): July 15th-19th**

**Lunch (@$8+tax/day): M T W Th F**

**🗆 Week 4 (Disney): July 22nd-26th**

**Lunch (@$8+tax/day): M T W Th F**

**🗆 Week 5 (Sports): July 29th-Aug 2rd**

Do you require extended camp hours? ($10/day) Yes / No

**Lunch (@$8+tax/day): M T W Th F**

**Parent/Guardian Information**

|  |  |
| --- | --- |
| Name  | Relationship to child |
| Home Number | Cell Number |
| Address | Email |

|  |  |
| --- | --- |
| Name | Relationship to Child |
| Home Number | Cell Number |
| Address | Email  |

**Emergency Contact Information**

|  |  |
| --- | --- |
| Name  | Relationship to child |
| Home Number | Cell Number |
| Address | Email |

|  |  |
| --- | --- |
| 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 NOT GIVE PERMISSION FOR IMAGES OF MY CHILD TO BE USED FOR PURPOSES AND PROMOTION OF THE SARNIA RIDING CLUB.

 SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_