

**Camp Amaranth: Registration Form (6-12 Year Olds)**

<b>Camper Information</b>	
Name (First and Last):	Birthday (MM, DD, YYYY):
Address (Street, City, Postal Code):	Age:

<b>Primary and Secondary Emergency Contact Information</b>	
Primary Name (First and Last):	Secondary Name (First and Last):
Daytime Phone Number:	Daytime Phone Number:
E-mail:	E-mail:

<b>Medical Information &amp; Special Needs</b>	
Health Card Number:	
Does your child have any allergies? If so, please specify the allergy and describe the reaction and treatment below.	Will your child be carrying an EpiPen while at camp? ( ) Yes  ( ) No
Does your child have any medical conditions we should be aware of? If so, please specify below. If so, you will be required to fill out a medical information form.	
Does your child have any behavioural or special needs? If so, please specify the details below. If your child requires one on one support at school, the same support must be provided at camp.	

In the event of an accident, injury or illness involving the camper, I hereby grant permission to camp staff to secure proper medical treatment and authorize on the camper's behalf all procedures, as deemed necessary, by the attending medical professional(s). I agree not to hold the Township of Amaranth responsible for any costs or injury arising out of an emergency situation.

Signature: \_\_\_\_\_

<b>Authorized Pick Up &amp; Drop Off Information</b> (Please list the names and the phone numbers of the individuals authorized to pick up or drop off your child below.)	
Name (First and Last):	Daytime Phone Number:
Name (First and Last):	Daytime Phone Number:

<b>2019 Camp Selection</b> (Please indicate which weeks your child will be attending camp.)
<input type="checkbox"/> Amazing Race Amaranth: July 2 <sup>nd</sup> -July 5 <sup>th</sup>
<input type="checkbox"/> Tremendous Time Travellers: July 8 <sup>th</sup> -July 12 <sup>th</sup>
<input type="checkbox"/> Nature Unleashed: July 15 <sup>th</sup> -July 19 <sup>th</sup>
<input type="checkbox"/> Farm to Table: July 22 <sup>nd</sup> -July 26 <sup>th</sup>
<input type="checkbox"/> Amaranth Olympics: July 29 <sup>th</sup> -August 2 <sup>nd</sup>
<input type="checkbox"/> Wet 'n' Wild Sports: August 6 <sup>th</sup> -August 9 <sup>th</sup>
<input type="checkbox"/> Super Science: August 12 <sup>th</sup> - August 16 <sup>th</sup>
<input type="checkbox"/> Survivor: Campers vs. Counsellors: August 19 <sup>th</sup> -August 23 <sup>rd</sup>
<input type="checkbox"/> Fit and Furious: August 26 <sup>th</sup> - August 30 <sup>th</sup>

**\*Payment by cash or cheque is due at the time of registration when received a minimum of 3 weeks prior to the applicable camp week. Late registration (less than 3 weeks prior) to the applicable camp week must be paid in cash and is subject to program availability\***

<b>Payment Information</b> (This section is to be filled out by Camp Staff only.)	
Early Bird Discount (Before May 31 <sup>st</sup> ) \$130.00 a Week \$104.00 for Weeks of July 1 and August 5, 2019	Regular Cost (After May 31 <sup>st</sup> ) \$150.00 a Week \$120.00 for Weeks of July 1 and August 5, 2019
Additional Morning Care (7:00AM-7:30AM) \$25.00 a Week \$20.00 for the Weeks of July 1 and August 5, 2019	Additional Afternoon Care (5:30PM-6:00PM) \$25.00 a Week \$20.00 for the Weeks of July 1 and August 5, 2019
Payment was made by: Cash Cheque	Total Payment: _____

**Cancellation and Change Policy:**

Requests for cancellations or refunds must be made in writing and submitted to the Summer Camp Director. Please contact the Summer Camp Director directly for refund criteria. Refunds will not be granted for inclement weather or for inability to attend each day of the session. Refunds will not be issued in instances where the camper is removed from the program at the choice of the camper or the camper's parent/guardian, or is dismissed from the camp for contravention of camp guidelines or the camp code of conduct for behaviour.

Signature: \_\_\_\_\_

**Image Release Policy**

By enrolling your camper in day camp with the Township of Amaranth, you authorize that any photographs and/or video recordings taken of them participating in the program may be used for promotional material.

Yes       No

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)