

Camp Willowdale 2009 Registration Form

Participant Information (note: one form per child)

First Name	<input type="text"/>	Last Name	<input type="text"/>
Address	<input type="text"/>		PC <input type="text"/>
City	<input type="text"/>	Birthdate	<input type="text"/>
Health Card	<input type="text"/>		BOY <input type="checkbox"/>
			GIRL <input type="checkbox"/>

Guardian Information

First Name	<input type="text"/>	Last Name	<input type="text"/>
First Name	<input type="text"/>	Last Name	<input type="text"/>
Tel #1	<input type="text"/>	Tel #2	<input type="text"/>
Email	<input type="text"/>		

Registration and Program Fees

	Early Bird	Regular Fees		
Daily	\$35.00	\$35.00	<input type="checkbox"/>	
Weekly	\$110.00	\$125.00	<input type="checkbox"/>	
Monthly	\$360.00	\$400.00	<input type="checkbox"/>	<input type="checkbox"/> July <input type="checkbox"/> August
Full Camp	\$630.00	\$700.00	<input type="checkbox"/>	

I require daycare services for my child (fees will be provided at a later date)

Mornings (8am) After-hours (3:30pm to 5pm)

Method of Payment

Visa	<input type="checkbox"/>	Card Number	<input type="text"/>	Exp. Date	<input type="text"/>
MC	<input type="checkbox"/>	Card Number	<input type="text"/>	Exp. Date	<input type="text"/>
Amex	<input type="checkbox"/>	Card Number	<input type="text"/>	Exp. Date	<input type="text"/>
Debit	<input type="checkbox"/>	Please use our debit terminal on one of our registration dates			
Cheque	<input type="checkbox"/>	Please make cheques payable to "WCCA"			

Emergency Contact Info

In case of an emergency and our staff cannot reach the primary guardian(s), please provide contact information for one or two other people we can get in touch with.

Name	<input type="text"/>	Name	<input type="text"/>
Relation	<input type="text"/>	Relation	<input type="text"/>
Tel #	<input type="text"/>	Tel #	<input type="text"/>

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Medical Information of Participant

Does your child have an illness, disability, allergy or other medical condition that our camp staff should be aware of?

Yes

No

Please provide details in the box below if the above was answered "YES".

Cancellation, Refund and Late Policy

If you submit a written request to cancel at least five (5) business days before the start of the first camp day...	YOU WILL RECEIVE A REFUND minus the 25% deposit amount
If you submit a written request to cancel less than five (5) business days before the start of the first camp day...	YOU WILL RECEIVE A REFUND of 50% of the registration amount you signed up for
If you request a refund ON or AFTER the first day of camp...	SORRY, no refund.
If we cancel our summer program PRIOR to the start date...	You will receive a FULL REFUND
Our official LATE period begins at 3:40pm. Each additional minute you are late will cost \$.50 per child.	You MUST pay the late fee prior to your child attending the next day's program.

I (the guardian of the participant) have read and agreed to the Cancellation, Refund and Late Policy

Signature of Parent/Guardian

Date

Statement of Parent/Guardian

I am sure that the Camp Willowdale staff and volunteers will do their best to give my child the necessary support and supervision needed and I understand that safety and health rules will be observed. I hereby give camp personnel the authority to act on my behalf in case of emergency, including medical treatment (parent/guardian will be notified as soon as possible). I understand that I am financially responsible for any additional care or treatment required for my child. When the camp program involves leaving the camp premises (i.e. to the park), I give permission for my child to participate. I hereby release Camp Willowdale, Willowdale Community Christian Assembly and it's personnel from all claims for damages arising from any accidents or injury caused by my child's participation in the camp program. My child's photo may also be used for Camp Willowdale publications and/or advertisements.

Signature of Parent/Guardian

Date