

Neepawa & Area

# SUMMER DAY CAMP REGISTRATION - 2019



Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

MB Health #: \_\_\_\_\_ PHIN#: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone #: \_\_\_\_\_

List any allergies/medical concerns: \_\_\_\_\_

Does your child take Medication (Ex. Epi-Pen): \_\_\_\_\_

Child may be picked up by: \_\_\_\_\_ Phone#: \_\_\_\_\_

**Please select which camps you are registering your child for:**

- Week 1 - (July 2-5)                       Week 2 - (July 8-12)                       Week 3 - (July 15-19)
- Week 4 - (July 22-26)                       Week 5 - (July 29-Aug 2)                       Week 6 - (Aug 6-9)
- Week 7 - (Aug 12-16) Swimming Lesson Bundle (\$125) : Level \_\_\_\_\_                       Week 8 - (Aug 19-23)

Comments: \_\_\_\_\_  
\_\_\_\_\_

### Releases and Refunds:

1. I hereby give permission for me/my child to be photographed by the Town of Neepawa Staff/Designate and hereby understand that such photographs become property of the Town of Neepawa, and may be used for the purpose of future promotions material relevant to the Program. \_\_\_\_Yes \_\_\_\_ No \_\_\_\_\_ Initial
2. All participants must abide by the regulations, rules and guidelines set forth by the program and may be dismissed from the program at the discretion of the Director of Recreation Services. \_\_\_\_\_ Initial
3. The risk of sustaining injuries results from the nature of the activity and can occur without fault of the participant, the Town of Neepawa, the Town of Neepawa staff/Designates, or the facility in which the activity is taking place. \_\_\_\_\_ Initial
4. A refund may be given for medical reasons only (Dr's note required). Refunds will be issued 2 weeks following a refund request and will be issued in the form of a cheque or program credit. Approved refunds will be charges a \$10 administration fee. \_\_\_\_\_ Initial
5. If applicable, I am aware children will only be released into the custody of the parent/guardian and those listed above unless I notify management. \_\_\_\_\_ Initial

**I have read the program information, the Release and Refund information; I understand all the information provided; and I assume the risks associated.**

Participant/Parent/Guardian Signature:	Date:	Paid: _____ Date: _____
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