

Neepawa & Area

SUMMER DAY CAMP REGISTRATION

July & August 2020 - Full Day Weekly Camps



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:

- July 6 - 10 July 13 - 17 July 20 - 24 July 27 - 31
 August 4 - 7 August 10 - 14 August 17 - 21

If not attending the full week, please list the requested dates below: _____

Registration Fee: \$20.00/Day per child.

Releases and Refunds:

- 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
- 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. Please refer to the new Covid-19 regulations that are put in place. _____ Initial
- 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
- 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
- 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

Collection of Personal Information

Personal information is being collected under the authority of [The Municipal Act](#) and will be used for the purposes of managing the Town of Neepawa and its programs and services therein. It is protected by the Protection of Privacy provisions of [The Freedom of Information and Protection of Privacy Act](#). If you have any questions about the collection, contact: Town of Neepawa, PO Box 339, Neepawa Manitoba, R0J 1H0 (204) 476-7603.

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