

SUMMER CAMP REGISTRATION FORM

Please read policies on page 4 before submitting registration

The personal information collected herein is subject to the Municipal Freedom of Information Act and the Personal Information Protection and Electronic Documents Act. The information collected may be used for registration and marketing purposes and will be stored electronically by the Town for a period of time to facilitate annually registrations, surveys and mailings. Completion of this form constitutes consent by the applicant/user to these terms and uses, unless otherwise modified or revised in writing delivered to the Town.

Programs are listed in the Summer Camp Guide delivered with this Guide.

| MAIN CONTACT | | | | | | | | |
|------------------------|--|--------------------|----------|-------------------|--|-----------|--|--|
| Last Name | | First Name | | E-mail (Required) | | | | |
| | | | | | | | | |
| Address | | Apt./Unit No. | | City | | Postal | | |
| | | | | | | | | |
| Home Telephone | | Business Telephone | | Cell Phone | | | | |
| | | | | | | | | |
| Emergency Contact Name | | | Relation | | | Telephone | | |
| | | | | | | | | |

| PARTICIPANT 1 | | | | | | | | | | | |
|-------------------------------|--|------------|-------------|------------|--------------|----------------------------|--|-------------------------------|----|------------|----|
| Last Name (of Participant) | | | | First Name | | | | Birth Date | | | |
| | | | | | | | | MM | DD | YYYY | |
| CAMP NAME | | CAMP CODES | | CAMP FEE | | BUSING: EXTRA FEE | | EXTENDED HRS: EXTRA FEE | | TOTAL FEES | |
| | | | | \$ | | 1 HLCC ROSS 2 EGSC HHAC | | 7:30 to 9 a.m. 4 to 6 p.m. | | \$ | \$ |
| CAMP NAME | | CAMP CODES | | CAMP FEE | | BUSING: EXTRA FEE | | EXTENDED HRS: EXTRA FEE | | TOTAL FEES | |
| | | | | \$ | | 1 HLCC ROSS 2 EGSC HHAC | | 7:30 to 9 a.m. 4 to 6 p.m. | | \$ | \$ |
| MEDICAL INFO (ALLERGIES, etc) | | | MET AT BUS? | | MET BY WHOM? | | | SPECIAL NEEDS | | | |
| | | | YES | NO | | | | | | | |

| PARTICIPANT 1 or 2 | | | | | | | | | | | |
|-------------------------------|--|------------|-------------|------------|--------------|----------------------------|--|-------------------------------|----|------------|----|
| Last Name (of Participant) | | | | First Name | | | | Birth Date | | | |
| | | | | | | | | MM | DD | YYYY | |
| CAMP NAME | | CAMP CODES | | CAMP FEE | | BUSING: EXTRA FEE | | EXTENDED HRS: EXTRA FEE | | TOTAL FEES | |
| | | | | \$ | | 1 HLCC ROSS 2 EGSC HHAC | | 7:30 to 9 a.m. 4 to 6 p.m. | | \$ | \$ |
| CAMP NAME | | CAMP CODES | | CAMP FEE | | BUSING: EXTRA FEE | | EXTENDED HRS: EXTRA FEE | | TOTAL FEES | |
| | | | | \$ | | 1 HLCC ROSS 2 EGSC HHAC | | 7:30 to 9 a.m. 4 to 6 p.m. | | \$ | \$ |
| MEDICAL INFO (ALLERGIES, etc) | | | MET AT BUS? | | MET BY WHOM? | | | SPECIAL NEEDS | | | |
| | | | YES | NO | | | | | | | |

WAIVER MUST BE SIGNED IN ORDER FOR YOUR APPLICATION TO BE PROCESSED

I hereby waive and forever discharge the Town of East Gwillimbury, its employees, agents, officers and elected officials from all claims, damages costs and expenses in respect to injury or damage to my/their person or property, however caused, which may occur as a result of my/their participation in the program in any location where the program is being held. I acknowledge and agree that the Town may use photographs of Leisure Services programs and the participants therein for promotional purposes.

Authorizing Signature(s) _____

| METHOD OF PAYMENT | DEBIT | CASH | CHEQUE | CREDIT CARD |
|-------------------|--------------|------|--------|-------------|
| TOTAL | | | | |
| CARDHOLDER NAME | PLEASE PRINT | | | |

| CREDIT CARD NUMBER | TYPE | | | EXPIRY DATE | |
|--------------------|------|------|------|-------------|----|
| | M/C | VISA | AMEX | MM | YY |