



SUMMER CAMP

REGISTRATION AND AGREEMENT FORM

CAMP YEAR: 20_____

Date of Child's Admission _____

Date of Child's Withdrawal _____

CAMPER INFORMATION:					
Camper Full Name:				Sex: Male Female	
DOB: / /	Age:	School:			
FAMILY INFORMATION					
Mother's Name:			Email address:		
Address:					
Tel. (H):	Tel (W):		Tel (Cell):		
Father's Name:			Email address:		
Address:					
Tel. (H):	Tel (W):		Tel (Cell):		
Legal Guardian of Camper(s)	Mother	Father	Both	Other Please complete next line.	
Guardian's Name:			Email address:		
Address:					
Tel. (H):	Tel (W):		Tel (Cell):		
EMERGENCY CONTACT: This must be someone other than parents and will be used if neither parent can be reached.					
Name:					
Address:					
Relationship:		Tel (H):		Tel (Cell):	

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AUTHORIZED PICK-UP: People authorised to pick up my child from camp, other than me.

Name	Relationship	Tel(H):	Tel(Cell):
1)			
2)			
3)			
4)			

MEDICAL INFORMATION

List any known health problems that your child may have (such as allergies, diabetes, heart trouble, epilepsy, asthma etc.) that we should be aware of

List any physical activities that your child should not participate in

List the name and contact number(s) of your Doctor/Paediatrician

PLEASE DO NOT WRITE IN THIS SECTION.

Fee due: _____

PAYMENT OPTION 1: FULL PAYMENT

Total Fee Due: \$ _____ Paid: \$ _____ Date: _____

PAYMENT OPTION 2: INSTALMENTS

Payment 1 \$ _____ Payment 2 \$ _____

Date: _____ Date: _____

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PARTICIPATION AGREEMENT

- 1) I hereby enrol my child in Camp Moorings Summer Camp. In signing this form, I certify that he/she has no medical condition that may prevent or hinder his/her participation in this camp.
- 2) I acknowledge that I have carefully read the Parent Handbook and fully understand its contents.
- 3) I grant permission for my child to participate in all Camp Moorings planned activities and selected educational tours.
- 4) I recognise and appreciate there are risks associated with my child's participation in Camp Moorings. I acknowledge that these risks include, but are not limited to, tripping, falling, colliding with objects or other participants. I have fully considered these risks and voluntarily allow my child to participate in Camp Moorings.
- 5) I understand that in the event of an emergency all prudent attempts will be made to contact the undersigned immediately. In the event that I cannot be reached, I hereby grant Camp Moorings permission to authorise emergency medical treatment, if necessary, and to transport my child to an appropriate facility to receive emergency medical treatment. I understand and agree that I will be responsible for payment of all medical bills.
- 6) I hereby RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE Camp Moorings, its servants or agents from any and all liability, actions and causes of action arising out of or relation to my child participating in this camp.
- 7) I agree that my child must comply with the rules and standards of conduct established by Camp Moorings. I further understand Camp Moorings may terminate my child's participation in the camp without a refund if he/she fails to observe these rules and standards of conduct.
- 8) I understand that the registration fee is based on enrolment and not attendance. Therefore, inability to attend Camp Moorings due to minor illness, change of family plans, personal schedule conflict and/or changes are not sufficient grounds for refunds.
- 9) I understand Camp Moorings reserves the right to terminate my child's participation in the camp for non-payment of camp fees by **July 26, 2019**.
- 10) I understand that Camp Moorings may take photographs or videos of my child participating in camp activities. I am aware that the pictures or videos may appear in future promotional material. I hereby permit Camp Moorings to use such material should my child be selected.

Signature of Parent or Guardian _____

Print Name of Parent or Guardian _____ Date _____