

## Summer Camp Registration Form

FOR OFFICE USE ONLY
DATE
RECEIVED:
DATE
PROCESSED:
PROCESSED

## **REGISTRATION FORM FOR DROP-OFF OR MAIL**

Refer to the Community Recreation Guide for Internet registration options.

OFFICE USE ONLY			•	10101 1			, ,	1001041				net registi		opoc	, <u>,</u>			
Date Received: _						Date Processed:/ F								Processed By:				
The personal informa registration and adm 225 East Beaver Cree	ition on t inistratio	this form on. Quest	is collections reg	cted und garding t	er the a	authority ection ar	of the od use o	Municipa	al Act, 20	001, S.O.	2001	, C.25, and w	/ill be u	sed for th	e purposes	of progra	am	
A. FAMILY I			ΓΙΟΝ	(PLE	EASI	E PR	INT)											
LAST NAME:						IRST NAM	1E:				BIR	TH DATE: DAY	MONT	H   YEAR	GENDER:	M□ F□		
FAMILY ADDRESS:									APT/UNIT#:									
CITY/TOWN: POSTAL CODE:							ŀ	HOME PHO	ONE NO.:				CELL PHONE:					
EMAIL ADDRESS:															LETTER			
SECOND PAREN	T/GUA	RDIAN	l		E	IRST NAN	16.				DID	TH DATE: DAY	MONT	TH   YEAR	CENDED.	MD FD		
LAST NAME:						IKSI NAN	IE.				DIK		GENDER: M□ F□					
CELL PHONE:  EMAIL ADDRESS:  □ RECEIVE RECREATION AND CULTURE EMAIL NEWSLETTER															LETTER			
B. CLIENT A	LER	T INF	ORN	ЛАТІС	NC													
Does the participant listed on this form have a disability, medical condition or allergy you would like us to know about?  YES  NO  YES  YES  YES  YES  YES  YES  YES  YES					ave an ed to k	ny medic now abo	cal cond						If yes to any of these questions, please provide additional information.					
						′ ⊔			IES		_							
C. PARTICIF	PANT	INFO	DRM	ATIO		RST NAM	IE:				BIR.	TH DATE: DAY	MONT	H YEAR	GENDER:	M 🗆 F		
SESSION		CAI	MP COLLE	SE CODE				REFOR	RE CAMP	COURSE C			1	AFTER CA	MP COURSE		_	
32331011		BEFORE CAMP COURSE CODE								ALIENOA		OODL						
PLEASE NOTE: TW camp dates. For e															eks that c	orrespor	nd to	
I, being either the partic												CESSED. PLI				d/or alactra	nically	
participant(s), acknowled	dge and ur	nderstand t	that: (a) e	ach persoi	n, me/my	/ child(ren	) included	d, has In	considera	tion of the	Town's	acceptance of	this appli	cation, I, or	n behalf of my	/self/my chi	ild(ren)	
a different capacity for participating in programs and their related activities such as the progra that is the subject of this Registration Form sponsored by Corporation of the Town of Richmon									that I/my child(ren) may have or may have in the future against the Town, its elected officials									
Hill (the "Town") through its Community Services Department the (the "Program"); (b) there may be inherent risks associated with participating in the Program, including all manners of injury, the									and release and forever discharge the Releasees from all liability for any personal injury, death.									
failure of equipment and the carelessness of other participants and misjudgements on the par of Town staff or contractors; and (c) the Town occasionally photographs its programs and thei participants for use in promotional materials.								ilania Pi										
l agree to participate/p				pate in th	e Progra	m and wi	llingly as			of me/my	,	,	and unde	rstand each	n item of this \	Vaiver and (	Consent	
full responsibility, and any risks of injury, for myself/my child(ren) in child's(ren's) participation in the Program at any location where th						connectio m may be	n may be held, including											
											(Par	ticipant (if 18 or	over) or	Participant'	s Parent/Gua	rdian)		
E. PAYMEN	ΓINF	ORM	IATIO	ON -	DROF	-OFF	ONLY	(Non-re	sidents	must a	 id \$1	<b>– – –</b> 0 per progra	am to e	each reg	<b>= = =</b> istration r	ayment)	)	
☐ Cheques must be ma	ade payab	le to the						lill to cha				ASTERCARD		_	EXPRESS			
Town of Richmond Hill. cashed as registrations	are input	ted.		EDIT CARD MBER:					1 11	1 1	ı		ı		MONT	н ,  -	YEAR	
We do not accept post-														DA	TE:			