



TOWNSHIP OF ZORRA SUMMER DAY CAMP REGISTRATION FORM 2019

PART A: PARTICIPANT INFORMATION		
Last Name:	First Name:	Birthdate: (DD/MM/YYYY)
Address:		Gender: (male / female)
Swimming Ability: <input type="checkbox"/> Weak (requires a lifejacket at all times) <input type="checkbox"/> Fair (requires a lifejacket in the deep end) <input type="checkbox"/> Good (does not require a lifejacket)		Last Swim Level Completed:

PART B: PROGRAM REGISTRATION					
SELECT WEEKS (\$160.00/week)		Before Care (7:30am-8:30am) \$20.00/week	After Care (7:30am-8:30am) \$20.00/week	Swim Lessons \$35.00/week Thamesford Only	Total:
Thamesford	Embro				
<input type="checkbox"/>	Week 1: Dinosaur Discovery <i>(July 2-5, \$128 only)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
<input type="checkbox"/>	Week 2: Minute 2 Win It <i>(July 8-12)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
<input type="checkbox"/>	Week 3: Movin' & Groovin' <i>(July 15-19)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
<input type="checkbox"/>	Week 4: Amazing Race <i>(July 22-26)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
<input type="checkbox"/>	Week 5: Sports Week <i>(July 29-Aug 2)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
<input type="checkbox"/>	<input type="checkbox"/> Week 6: Crafts, Crafts, Crafts! <i>(Aug 6-9, \$128 only)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
<input type="checkbox"/>	<input type="checkbox"/> Week 7: Water Adventures <i>(Aug 12-16)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
<input type="checkbox"/>	<input type="checkbox"/> Week 8: Exploding Science <i>(Aug 19-23)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
<input type="checkbox"/>	Week 9: Summer Carnival <i>(Aug 26-30)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Payment must be received in full to hold your child's place.					TOTAL: \$ _____

All prices include HST

PAYMENT OPTIONS	
In Person:	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Debit Submit completed forms and payment at the Township Office or either Community Centre.
Online:	<input type="checkbox"/> Credit Card <i>The Township of Zorra now uses Amilia for online registration. Please visit www.zorra.on.ca for online registration.</i>
OFFICE USE ONLY	Date: _____ Processed By: _____ Receipt #: _____

PART C: FAMILY INFORMATION	
Name / Relationship:	Name / Relationship:
Best Phone #:	Best Phone #:
Alternate Phone #:	Alternate Phone #:
Email:	Email:



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PARTICIPANTS NAME: _____ **BIRTH DATE:** _____

PART D: SAFE ARRIVAL & PICK UP

After camp is dismissed, I give permission for my child to be picked up by the following people, in addition to the listed Parents/Guardians:

Full Name:	Full Name:	Full Name:
Relationship to Child:	Relationship to Child:	Relationship to Child:

Please note that photo ID may be requested by staff. In the event that an individual is not listed, written consent must be provided by the Parent/Guardian.

PART E: CONSENT

Participant Waiver This signed consent form allows your child to participate in all supervised activities listed on this registration form. The Township of Zorra and its employees are not responsible for any claim, loss, injury, or damage to persons or to property suffered during supervised activities.

Parent/Guardian Initials: _____

Excursions off the Property: I am aware that my child may be taken off the program premises by the staff for walks, picnics, or outings of any kind as may, from time to time, be scheduled as part of the program. Destinations will be contained within the village and will only be accessed by walking. Staff are not allowed to drive participants for any reason.

Parent/Guardian Initials: _____

Photo Release I give the Township of Zorra permission to photograph my child; and to use these photographs for display and in any future promotional materials, website or other social media without compensation.

Parent/Guardian Initials: _____

Cancellation and Refund Policy Refunds will be issued up to 30 days prior to the start of camp and subject to a \$35.00 administration fee.

Parent/Guardian Initials: _____

Privacy Commitment The Township of Zorra is committed to protecting your privacy. The personal information contained on this form is collected by the Township of Zorra for the purpose of administering recreational programs and for medical information when required in emergency situations. It will be kept secured and confidential.

As the participants Parent or Guardian, I have read and understood the specific program details outlines above and give permission for participation

 Parent/Guardian Signature _____ Date



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CAMPER MEDICAL & EMERGENCY INFORMATION

PARTICIPANTS NAME: _____ BIRTH DATE: _____

PART F: EMERGENCY CONTACT

In case of emergency during camp hours, the best way to be reached is:

Name & Relation:	Phone #:	Alt. Phone:
Name & Relation:	Phone #:	Alt. Phone:

ALTERNATE CONTACT:

In the event that the above contacts cannot be reached

Name & Relation:	Phone #:	Alt. Phone #:
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PART G: MEDICAL INFORMATION

Does your child have any allergies or dietary restrictions we should be aware of?

If yes, please list allergy, reaction and severity:

Does your child require medication while at camp?

Does your child have any special needs or medical conditions?

If yes, please list and explain any information that our staff should be aware of and how it may affect participation in the camp program.

Additional Medical Information

List any additional medical needs not covered above, including severity and type of intervention required.

Would you like us to contact you to discuss specific needs or strategies to provide an enjoyable and inclusive experience for your child while at Camp?

Yes Phone Number: _____

Please be advised that if you fail to provide us with information on your child's special needs that could affect the well-being of your child or that of the other participants, we reserve the right to remove your child from this program.

If you have further questions or would like to discuss any special needs which your child may require to be successful at camp, please contact us at 519-617-7977 or [sstarchuck@zorrap.on.ca](mailto:ssstarchuck@zorrap.on.ca)