

Summer Camp St-Isidore 2019



For more information, please contact Sydney at 613-524-2522 or scollard@nationmun.ca.

PARTICIPANT INFORMATION		
First Name :		Last Name :
Date of Birth: DD / MM / YYYY		
Home Address :		City :
Postal Code :		Home Phone :
PARENT/GUARDIAN INFORMATION		
First Name :		Last Name :
Email:		
Home Address :		City :
Postal Code :	Cell Phone:	Home Phone :
EMERGENCY INFORMATION		
Emergency Contact Name (If parent/guardian cannot be reached) :		
Phone Number:		Relationship:
Family Doctor:		Doctor phone number:

Health card number:

Does your child have any special needs, medications, medical conditions or allergies you would like us to know about?

YES (If yes, please specify below)

NO

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OFFICE USE ONLY

Registered by:		Registration Date:
Paid by: CASH	CHEQUE (#)

WAIVER, RELEASE OF LIABILITY AND CONSENT

1) Does your child have permission to leave the activity with anyone other than the parent or guardian listed in participant information?

YES (If yes, please list below)

NO

Name:	Relationship:
Name:	Relationship:

2) Does your child have permission to leave the camp on foot or by bicycle?

YES

NO

3) Photography and media release waiver

I give the Nation municipality, and its partners and affiliates, consent to use and reproduce my child's name and/or image for promotional purposes related to the Nation municipality. My child's first name and/or image (unless otherwise authorized) may be published or used in newspapers, promotional videos, program brochures, posters, social media, displayed in public or on the municipality website. I release the Nation Municipality and its agents from any and all claims, of any nature, based on any uses described above.

YES

NO

Initials: _____

4) Release of Liability and Assumption of Risks

I acknowledge that participation in programs and services offered by the Nation municipality entail risks and possibility of injury. Risks of injury include, without limitations: cuts, bruises, sprained or broken ankles and wrists, dislocations, head/neck injuries, and in rare occasions serious injuries such as paralysis or death.

I voluntarily release the Nation municipality from any and all claims, demands or causes of action, which are in any way connected to my or my child's participation in the summer camp.

YES

NO

Initials: _____

5) Consent to participate

I, the parent/guardian of the child registered in the St-Isidore summer camp, give permission for my child to participate in the programs and services of the Nation municipality.

After receiving two written warnings, I accept to withdraw my child from the camp if he/she demonstrates any physical or verbal form of violence towards other children or employees.

I waive any claims against the Nation municipality, as well as any volunteers or employees, in respect to personal injury to my child or any other person, loss or damage of property arising in any way at/from/or in connection with the Nation municipality summer camp.

I consent to any necessary first aid or emergency medical treatment being given to or provided for my child and waive any claims against the Nation municipality or any of the municipal employees or volunteers.

I, _____ (print name), **am approving this waiver on behalf of my child and on behalf of myself, the parent/guardian.**

Signature: _____

Date: _____

Please fill in which applies to you and return it by May 31st 2019 in person or by mail to:

The Nation Municipality

20 Arena St. P.O Box 418

St- Isidore, ON

K0C 2B0

	8 week rate	Full week (150\$)	Monday (30\$)	Tuesday (30\$)	Wed. (45\$)	Thurs. (30\$)	Friday (30\$)	Weekly total	Payment method
Week 1 June 24 th to 28 th	<input type="checkbox"/> 960\$ <input type="checkbox"/> 875\$ (2 nd child) <input type="checkbox"/> 875\$ (3 rd child)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Trip <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Week 2 July 2 nd to 5 th		120\$ for the week <input type="checkbox"/>			Trip <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Week 3 July 8 th to 12 th		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Trip <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Week 4 July 15 th to 19 th		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Trip <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Week 5 July 22 nd to 26 th		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Trip <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Week 6 July 29 th - Aug 2 nd		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Trip <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Week 7 Aug 6 th to 9 th		120\$ for the week <input type="checkbox"/>			Trip <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Week 8 Aug 12 th to 16 th		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Trip <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Total :									

Payment

For the full 8 week registrations: 900\$ for first child It is possible to make the payment in 4 portions with postdated cheques payable to the Nation Municipality; dated May 31st, June 14th, July 12th and July 31st 2019.

For weekly registrations: Payment of 150\$ payable to the Nation Municipality, except for week 2 and 7 which are 120\$ per week.

For the daily rate: The cost for daily registration is 30\$ per child per day and 45\$ per day for trip days. We must be notified and paid at least one week in advance for daily registrations.