

**Flatrock Recreation
Summer Camp 2018
Registration Form**

Participant Information:

Last Name: _____

First Name: _____

Middle Initial: _____

Male: _____ Female: _____

Mailing Address: _____

Date of Birth: _____

MCP #: _____

T-shirt Size: _____
(Youth Sizes, S, M, L, XL)
(Adult , S, M, L, XL)

Number of Shirts: _____

Guardian Information:

Last Name: _____

First Name: _____

Home Phone Number:

Business Phone Number:

Cell Phone Number:

Email Address:

Alternate Contact:

Last Name: _____

First Name: _____

Relationship to Participant: _____

Home Phone Number: _____

Business Phone Number: _____

Cell Phone Number: _____

Medical Information:

Does your child have any special needs/requirements that camp staff should be aware off? ___ Yes ___ No

If yes, please list:

Please list all medical information (including allergies or disorders), which may impact the ability of participation. _____

Will the participant be taking medication during the duration of camp? ___ Yes ___ No.

If yes, will staff have to give the child his/her medicine? ___ Yes ___ No.

If yes, a medical consent form must be completed before the first day of camp.

Please list persons who are authorized to pick up your child up from the program site:

Name	Relation to Child	Phone #	Alternative #

Please answer the following questions and sign below:

I agree that in the event of an emergency, Flatrock Recreation Staff will take appropriate action ___ Yes ___ No.

I give permission to use photographs, of the above participant, in any promotional materials (i.e. print, website, television). I fully understand that there will be no compensation paid to the participant, or parent/guardian of the participant, in exchange for use of the photograph. As well, Flatrock Recreation has permission to change the image (i.e. by cropping or digital manipulation). ___ Yes ___ No.

Parent/Guardian Signature

Date

Flatrock Recreation Summer Camp

Registration Information

Please indicate which weeks you would like to registered your child for.

Week 1	July 9 th to 13 th	
Week 2	July 16 th – July 20 th	
Week 3	July 23 rd – July 27 th	
Week 4	July 30 th – August 3 rd	
Week 5	August 6 th – August 10 th	
Week 6	August 13 th – August 17 th	
Week 7	August 20 th – August 24 th	

Refund Policy

A refund will only be given with written medical documentation that states the participant is no longer able to be part in the program. Refunds will not be given due to missed program days or holidays. Flatrock Recreation reserves the right to refuse a refund due to removal because of behavioral concerns.

I, _____ parent/guardian of _____
acknowledge that my child will be attending camp on the weeks above. I also have read
and understand the refund policy for Flatrock Summer Program.

Signature

Date

**Flatrock Recreation Commission
Summer Camp Wavier Form**

I, the undersigned parent/guardian of _____ do hereby consent to his/her participation in Flatrock Recreation Summer Camp.

I acknowledge that participation in this camp may expose the above named camper to the possibility of injury. I grant Flatrock Recreation Summer Camp Staff the authority to obtain emergency medical treatment as necessary to ensure that the above named camper is safe from further injury.

In consideration of Flatrock Recreation allowing this camper to participate in its Summer Camp, I agree to waive and release Flatrock Recreation from all claims for damages that may arise, other than by negligence of Flatrock Recreation, its employees and agents, as a result of my child's participation in its Summer Camp.

I acknowledge that the above named camper will be participating in activities, trips and events organized by Flatrock Recreation. I am aware that the participation of my camper may be outside the scope of his/her daily routine. I give permission for my child to travel by foot and bus to a desired location.

I acknowledge and confirm that I have read this entire document prior to signing below.

Parent/Guardian (please print)

Signature of Parent/Guardian

Date

Signature of Witness



The Town of Flatrock

663 Wind Gap Road
Flatrock, NL
A1K 1C7

PHONE (709) 437-6312
FAX: (709) 437-6311

www.townofflatrock.com

2018 Summer Camp Pre-authorized Payments

NAME: _____

CHILD/REN NAME/S: _____

MAILING ADDRESS: _____

TYPE OF PAYMENT:

Post Dated Cheques _____ Visa _____ MasterCard _____

Credit Card #: _____

Expiry Date: _____

I, _____, do agree to make weekly payments by the method checked above. I also give permission to the Town of Flatrock to use my credit card information given above.

Signed: _____ Date: _____

Office Use Only

Weekly Amount Due: _____

Payment Due Date	Week #	Weeks Attending Camp
Monday, May 14 th or Wednesday, May 16 th	1	
Tuesday, July 10 th	2	
Tuesday, July 17 th	3	
Tuesday, July 24 st	4	
Tuesday, July 31 st	5	
Tuesday, August 7 th	6	
Tuesday, August 14 th	7	