

**Flatrock Recreation
Multi Sport 2018
Registration Form**

Participant Information:

Last Name: _____

First Name: _____

Middle Initial: _____

Male: ____ Female: ____

Mailing Address: _____

Date of Birth: _____

MCP #: _____

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 of? ___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

Multi Sport Camp

Registration Information

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

Week 1	July 10 th
Week 2	July 17 th and July 18 th
Week 3	July 24 th
Week 4	July 31 st
Week 5	August 7 th
Week 6	August 14 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 Multi Sport Program.

Signature

Date

**Flatrock Recreation Commission
Multi Sport Camp Wavier Form**

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

I acknowledge that participation in this camp may expose the above named camper to the possibility of injury. I grant Flatrock Recreation Multi Sport 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 Multi Sport 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 Recreation Multi Sport 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

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Flatrock, NL
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PHONE (709) 437-6312
FAX: (709) 437-6311

www.townofflatrock.com

2018 Recreation Multi Sport 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
June 21 st	1	
Tuesday, July 10 th	2	
Tuesday, July 17 th	3	
Tuesday, July 24 th	4	
Tuesday, July 31 st	5	
Tuesday, August 7 th	6	