

# Summer Day Camp Registration Form

# 2024



## ☀️ Camper's Information:

Name: \_\_\_\_\_

Age: \_\_\_\_\_ DOB: \_\_\_\_\_

MB Health #: \_\_\_\_\_ PHIN: \_\_\_\_\_

Allergies/Medical Concerns: \_\_\_\_\_

## ☀️ Parent/Guardian Information:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Email: \_\_\_\_\_

## ☀️ Emergency Contact Information:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Child may be picked up by: \_\_\_\_\_

## Please mark all days your child will be attending with an (X)

	Mon	Tues	Wed	Thurs	Fri	
Week 1: July 2-5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Week 2: July 8 -12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Week 3: July 15-19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Week 4: July 22-26	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Week 5: July 29 - Aug 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Week 6: August 6 - 9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Week 7: August 12 - 16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Week 8: August 19-23	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____



To receive the weekly rate, your child must attend Monday - Friday on any given week.

For Office Staff Use Only:

Total Amount Owning: \_\_\_\_\_

Amount Paid: \_\_\_\_\_

Date: \_\_\_\_\_

## Other Registration Information:

- No half day registrations permitted.
- All payments MUST be made at the time of registration (cash, cheque, e-transfer, credit card accepted)
- Spots are only reserved once payments have been made.
- Adjustments to registration form (including adding additional days) can be made by calling 204.476.7600
- Camp hours are 9:00am-4:00pm
- Refunds will be given if notice is given 1 week prior to the start of camp.

**Please return to the Town Office or email to [recreation@neepawa.ca](mailto:recreation@neepawa.ca)**

## Releases and Refunds

I hereby give permission for my child to be photographed by the Town of Neepawa Staff/Designate and hereby understand that such photographs become property of the Town of Neepawa, and may be used for the purpose of future promotions material relevant to the Program.

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

I understand that all participants must abide by the regulations, rules and guidelines set forth by the program and may be dismissed from the program at the discretion of the Director of Recreation Services.

<input type="checkbox"/>	<input type="checkbox"/>
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I understand the risk of sustaining injuries results from the nature of the activity and can occur without fault of the participant, the Town of Neepawa, the Town of Neepawa staff/Designates, or the facility in which the activity is taking place.

<input type="checkbox"/>	<input type="checkbox"/>
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I understand that a refund may be given for medical reasons only (Dr's note required). Refunds will be issued 2 weeks following a refund request and will be issued in the form of a cheque or program credit. Approved refunds will be charged a \$10 administration fee.

<input type="checkbox"/>	<input type="checkbox"/>
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I am aware children will only be released into the custody of the parent/guardian and those listed above unless I notify management.

<input type="checkbox"/>	<input type="checkbox"/>
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I have read the program information, the Release and Refund information;  
I understand all the information provided; and I assume the risks associated.

<input type="checkbox"/>	<input type="checkbox"/>
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SIGNATURE

DATE

### Collection of Personal Information

Personal information is being collected under the authority of The Municipal Act and will be used for the purposes of managing the Town of Neepawa and its programs and services therein. It is protected by the Protection of Privacy provisions of The Freedom of Information and Protection of Privacy Act. If you have any questions about the collection, contact: Town of Neepawa (204) 476-7600.

