

Pioneer Day Camp Registration Form

We must receive your Registration Form, Waiver Form and Fee for your child to be considered as registered. A separate form should be filled out for each child being registered. Please ensure you have COMPLETELY filled out the application below, as well as the accompanied waiver form in order to secure your reservation.

Camper Information

Session: _____

Camper's Name: _____

Age on first day of camp: _____ yrs. Male Female

Attended Adventure Day Camp before in 200 _____

Address: _____

City: _____

Postal Code: _____

Home Telephone: _____

Parent or Guardian: _____

Daytime Tel: _____

Parent or Guardian: _____

Daytime Tel: _____

Person dropping off: _____

Person picking up: _____

Emergency Contact (non-parent): _____

Relationship: _____

Tel: _____

Medical Information

Family Doctor: _____

Tel: _____

Ontario Health Card No: _____

Special Needs:

Activity Restrictions: _____

Medical Conditions: _____

Costume Measurements

Girl's waist: _____

Girl's outseam (leg length, from waist to ankle): _____

Boy's waist: _____

Boy's outseam (leg length, from waist to ankle): _____

Boy's arm length: _____

Method of payment

Amount paid (plus applicable taxes): _____

- | | |
|--|-------------------------------|
| <input type="checkbox"/> Cash (in person only) | <input type="checkbox"/> VISA |
| <input type="checkbox"/> Cheque made payable to TRCA | <input type="checkbox"/> M/C |
| | <input type="checkbox"/> AMEX |

Card #: _____

Expiry Date: _____

Signature: _____

CANCELLATION POLICY: *Written notification of a cancellation must be received. Cancellations made at least four weeks before the start of your session will receive a refund of 75 per cent of the fees. Cancellations made within the four-week period will not receive a refund. There is no refund for camp days missed.*

How did you hear about the Black Creek Pioneer Village Adventure Day Camp? _____

TORONTO AND REGION CONSERVATION

WAIVER OF CLAIMS and INDEMNITY

Black Creek Pioneer Village, Adventure Day Camp

July/August 2010

In consideration of the acceptance of my child's application and permission to participate in the Black Creek Pioneer Village Adventure Day Camp, known hereafter as BCPV Adventure Day Camp, I for myself, my heirs, executors, administrators, successors and assigns **hereby release, waive and forever discharge** Toronto and Region Conservation and all their employees, agents, servants and contractors and all other associations, sanctioning bodies and sponsoring companies, and elected and appointed officials, successors and assigns, of and from all claims, demands, damages, costs, expenses, actions and causes of action, whether in law or in equity, in respect of death, injury, loss or damage to my person or property however caused, arising or to arise by reason of my child's participation in the said BCPV Adventure Day Camp, whether as spectator, participant, or otherwise; whether prior to, during or subsequent to his/her participation in the BCPV Adventure Day Camp and notwithstanding that the same may have been contributed to or occasioned by the negligence of the aforesaid.

I further hereby undertake to hold and save harmless, and agree to indemnify all of the aforesaid from and against any and all liability incurred by any or all of them arising as a result of, or in any way connected with my child's participation in the said BCPV Adventure Day Camp.

I acknowledge and have read, understood and agree to the above waiver, release and indemnity. I warrant that my child is physically fit to participate in the BCPV Adventure Day Camp, and I hereby understand that he/she will follow the rules and regulations as set out by the organizers of the BCPV Adventure Day Camp, and that by not adhering to the rules and regulations, he/she may not only endanger himself/herself, but permission may or will be revoked and he/she will be asked to leave the premises.

IN WITNESS WHEREOF, this waiver and indemnity has been duly executed at

_____ on this _____ day of _____, 2010.
(city) (day of month) (month)

The undersigned jointly and severally agree to this waiver and indemnity.

Date

Print Name of Participant

Date

Print Name of Parent or Guardian

Signature of Parent or Guardian

Date

Print Name of Witness

Signature of Witness*

*Any adult who knows you, can witness your signature.

Please ensure you have filled in all the spaces on this waiver form.