



1 Personal and Contact Information

Camper's Last Name: _____
 First: _____

Date of Birth: _____ / _____ / _____ Camper's Age Now: _____
Month Day Year

Gender: Male Female

Address: _____ Postal Code: _____

Parent/Guardian Name: _____ Relation to Camper: _____

Phone: Primary: _____ Secondary: _____

EMAIL: _____ **An important informational e-mail will be sent to all campers the weekend prior to their week of camp.

Name(s) of others permitted to pick up child:

Alternate Emergency Contact: _____ Phone: _____

Camper's Special Needs or Medical Conditions:

2 Which week(s) of Camp or trips will you be attending?

Attending Camp Week #: (1)____ (2)____ (3)____ (4)____ (5)____ (6)____ (7)____ (8)____
OR

On Which Week(s) will you be attending the day trip only? _____

3 Cost Calculation

_____ Full Week Registration(s)	X \$185.00 = \$ _____
_____ Trip Day Only Registration(s)	X \$50.00 = \$ _____
Late Pick Up Days _____	X \$10.00 = \$ _____
<small>Mon Tue Wed Thu Fri</small>	
	Total \$ _____

Method of payment: Cash Cheque Visa Debit Other

I waive ownership of any photographic records taken by those representing the town of Arnprior and agree to permit the Town of Arnprior to use my image, or my child's image, (in photograph, digital, or electronic form) for and in Town publications, posters, web-site or other media, without limitation, and agree not to make any claim for misappropriation of personality, breach of privacy, or other loss or damages against the Town in respect thereof.

I, the undersigned, do hereby release and agree to indemnify and save harmless Arnprior Recreation Department, The Corporation of the Town of Arnprior and their respective officers, employees or agents, and each and every Board and Commission thereof, from all claims for loss, injury or damage, to persons and property while participating in or travelling to and from the above activity, which I, or any person claiming through me or on my behalf, may at any time have arising out of or connected with the operation of this activity.

Signature:

Print:

Date:

Personal information on this form is collected under the authority of the Municipal Act and will be used for the administration and management of the Town of Arnprior's Recreation Programs. Questions about the collection and use of this information should be directed to the Town Clerk at 105 Elgin Street West, Arnprior, ON K7S 0A8 or 613-623-4231.

Time: 8:30 am to 3:00 pm daily (late pick-up available until 5 pm)

Location: St. Joseph's School (weeks 1-5) United Church's Christian Education Centre (weeks 6-8)

Cost: \$185.00 per full week (incl. bus fee)

\$50.00 for day trip only (see note below regarding "trip only" registrations)

\$145.00 for Week 6

- Registration for the full week includes four lunches, trips and supplies. Additional nominal fees of \$2 to \$5 may apply for various activities such as bowling and movies. Notification will be given at the start of each week. Please pack nut-free snacks and a lunch on trip day.
- For families enrolling more than two children, each additional child pays only \$170.00 per week.
- For your convenience, we also offer a late pick up service at the Arnprior Library until 5:00 pm at a rate of \$10.00 per day. Supervision ends promptly at 5:00 pm
- Registrations for Camp Wanago will be accepted in person at the Nick Smith Centre.

Registration for Trip Days Only will be accepted the Monday of that week, as space may be limited.

Office Use Only

Processed by:

Processed Date: