

# SUMMER CAMP REGISTRATION 2020

PARENT/GUARDIAN OF MINOR INFORMATION			
First Name		Last Name	
Main Contact Number (primary call)			
Email – for future communication regarding camps		Emergency Contact Name	Emergency Number
Address		Town/City	Postal Code

CAMPER INFORMATION			
First Name		Last Name	
Medical or Allergy Concerns		Special Needs	
BIRTH DATE Y/M/D	Gender	Other Information Staff Should be Aware of	
AUTHORIZED CAMPER PICK UP (in addition to parent/guardian listed above)			
1. Name of additional authorized person		2. Name of additional authorized person	

CAMP REGISTRATION				
CAMP TITLE & DATE (\$160)		Before Care (\$5) <i>enter time</i>	After Care (\$5) <i>enter time</i>	TOTAL FEE
1				
2				
3				
4				
5				
6				
7				
8				
9				
PHOTO RELEASE				
<p>I acknowledge and agree that the Town of Petawawa may use photographs or videos taken during Community Services programs and the participants therein, including my child, for promotional purposes including the Town’s website, social media and Community Guide.</p> <p style="text-align: right;"><i>Please initial:</i> I AGREE _____ I DECLINE _____</p>				

RELEASE OF LIABILITY		
<p>This waiver MUST be signed in order for your application to be processed. I have read, understand and agree to abide by the rules and regulations as well as the etiquette set forth in this form as written above. I hereby waive and forever discharge the Town of Petawawa, its employees, agents officers and elected officials from all claims, damages and expenses in respect to injury or damages costs and expenses in respect to injury or damage to my child’s person or property, however caused, which may occur as a result of their participation in the program in any location where the program is being held.</p>		
NAME	DATE	Authorized Signature (Parent/Guardian)