



Registration Form

Name: _____ Parents/Guardians: _____
 Date of Birth: _____ Age: _____ e-mail: _____
 Health Card #: _____ (confirmation letters sent via e-mail)

Address: _____
 Name: _____ Postal Code: _____
 Date of Birth: _____ Age: _____ Telephone (W): _____ (H): _____
 Health Card #: _____ Alternate Number: _____

Name: _____ **Emergency Contact Information**
 Date of Birth: _____ Age: _____ Name/Relationship: _____
 Health Card #: _____ Telephone: _____

Medical or special needs that our staff should be aware of (allergies — food, insects, etc.) (behavioral — ADHD, etc.)

Summer Program Schedule (write camper name(s) in the appropriate boxes)

Program	Date/Time	Child Name(s)	Fee
Mini Beasts & Super Bugs: 6-12 yrs, \$35/camper	July 11, 9am-4pm		\$
Forest Bureau of Investigation: 6-12 yrs, \$175/camper	July 17 – 21, 9am-4pm		\$
Nature's Playground: 6-12 yrs, \$35/camper	July 25, 9am-4pm		\$
Outdoor Survival Skills: 6-12 yrs, \$35/camper	Aug 1, 9am-4pm		\$
Naturally Artistic: 6-12 yrs, \$35 Camper	Aug 15, 9am-4pm		\$
Instincts For Survival: 6-12 yrs, \$175 Camper	Aug 21 – 25, 9am-4pm		\$
Nature's Playground 6-12 yrs, \$175 Camper	Aug 29, 9am-4pm		\$
SUBTOTAL			\$
\$5 off each additional family member in single day program			-\$
\$25 off each additional family member in same full week program			-\$
TOTAL			\$

- Cash enclosed: \$
- Cheque enclosed for: \$ (Payable to Rideau Valley Conservation Authority) Cheque #:
- VISA MasterCard # _____ exp. date: _____
- Receipt Required

Refund Policy: \$25 fee up to one week before session starts. No refunds less than seven days prior to start of session.

- I grant permission for images of the participant(s), captured during regular RVCA activities through video, photo and digital camera, to be used solely for the purposes of the RVCA's promotional material and publications, including posting on social media (including but not limited to: Facebook, Twitter, YouTube), and do hereby waive any rights of compensation or ownership.
- I understand that there are risks involved in an activity or program and I acknowledge that my choice to register my child in the above named activity or program brings with it the assumption by me of those risks. I also release from the Rideau Valley Conservation Authority of any claim whatsoever arising from such risks. Permission is hereby granted to the Rideau Valley Conservation Authority and its representative to transport participant (s) to a local doctor or hospital for medical treatment if necessary.

Signature of Parent/Guardian: _____ Date: _____

Staff Use Only

Payment Information – check appropriate information		Communications
<input type="checkbox"/> Credit card/cheque information submitted to finance	Date: _____	<input type="checkbox"/> Camp information package sent to parent/guardian Date: _____
<input type="checkbox"/> Cash deposited in <input type="checkbox"/> bank OR <input type="checkbox"/> cash box	Date: _____	
<input type="checkbox"/> Receipt requested from finance	Date: _____	Notes: _____