



Summer Camp Registration Form

REGISTRATION FORM FOR DROP-OFF, MAIL OR FAX 905 771 2481.

For our Registration start dates and Registration/Withdrawal/Refund Policies, refer to the General Information pages in the Community Recreation Guide. Additional Registration Forms are available at RichmondHill.ca or at a community centre. Photocopies may also be used.

FOR OFFICE USE ONLY

Date Received: ____/____/____ (dd/mm/yy)
Date Processed: ____/____/____ (dd/mm/yy)
Processed By: _____

PLEASE PRINT

A. FAMILY INFORMATION

Are you a new applicant? YES NO Has your address, telephone number or email address changed? YES NO

B. ADULT/PARENT/GUARDIAN INFORMATION

LAST NAME:	FIRST NAME:	BIRTH DATE: DAY MONTH YEAR	GENDER: M <input type="checkbox"/> F <input type="checkbox"/>
FAMILY ADDRESS:		APT/UNIT #:	
CITY/TOWN:	POSTAL CODE:	RICHMOND HILL WARD:	
HOME PHONE NO.:	CELL PHONE NO.:		
EMAIL ADDRESS:	BUSINESS PHONE NO.:		
EMERGENCY CONTACT:	EMERGENCY CONTACT PHONE NO.:		

C. CLIENT ALERT INFORMATION (Please indicate participant's name.)

Does the participant listed on this form have a disability, medical condition or allergy you would like us to know about?
YES NO If yes, read the Integration Services page in the Community Recreation Guide prior to submitting a Registration Form.

DISABILITIES/MEDICAL CONDITIONS/
ALLERGIES:

CARRIES EPI PEN: YES NO
CARRIES MEDICATIONS: YES NO
TAKEN FOR: _____

SUPPORT REQUESTED

WILL ATTEND WITH OWN SUPPORT

D. PARTICIPANT INFORMATION

LAST NAME:	FIRST NAME:	BIRTH DATE: DAY MONTH YEAR	GENDER: M <input type="checkbox"/> F <input type="checkbox"/>	
SESSION	FULL DAY CAMP COURSE CODE	HALF DAY A.M. CAMP COURSE CODE	HALF DAY P.M. CAMP COURSE CODE	BEFORE & AFTER CAMP PROGRAM (B.A.C.P.) COURSE CODE
SESSION 1				
SESSION 2				
SESSION 3				
SESSION 4				
SESSION 5				
SESSION 6				
SESSION 7				
SESSION 8				
SESSION 9				
2-WEEK - SESSION A				
2-WEEK - SESSION B				
2-WEEK - SESSION C				
2-WEEK - SESSION D				

NOTE: TWO-WEEK CAMPERS registering for Before & After Camp Program (B.A.C.P.), must register for the two individual weeks that correspond to camp dates. For example, a Session A camper will register for Session 1 and Session 2 B.A.C.P.

OF NOTE: Personal information is protected under the *Municipal Freedom of Information and Protection of Privacy Act, 1989*. Personal information is collected pursuant to the *Municipal Act, R.S.O. 1990, Chapter M-45 as amended, S. 207, Par. 28*, and will be used to register program participants. Inquiries may be directed to the Community Services Department at 905 771 8870.

THIS WAIVER MUST BE SIGNED IN ORDER FOR THIS REGISTRATION APPLICATION TO BE PROCESSED:

In the consideration of the acceptance of my application or that of the minor whose name appears thereon, of whom I am the legal guardian, and the permission to participate in a program sponsored by the Community Services Department of the Town of Richmond Hill, I hereby waive and forever discharge the Corporation of the Town of Richmond Hill, its employees, agents, officers and elected officials from all claims, damages, costs and expenses in respect to injury or damage to my/their person or property, however caused, which may occur as a result of my/their participation in the program in any location where the program is being held (e.g. field trips, organized swims, etc.). I acknowledge and agree that the Town may use photographs of Community Services programs and the participants therein for promotional purposes.

Signature: _____ Date: _____

E. PAYMENT INFORMATION (Non-residents must add \$10 per program to each registration payment.)

Cash Interac

Cheque (Cheques must be made payable to the Town of Richmond Hill. Cheques will be cashed as registrations are inputted. We do not accept post-dated cheques. Unused cheques will not be returned.)

I authorize the Town of Richmond Hill to charge my: VISA MasterCard

CREDIT CARD NUMBER: _____ EXPIRY DATE: _____ MONTH - YEAR

CARDHOLDER NAME: _____ CARDHOLDER SIGNATURE: _____