



CAMP REGISTRATION FORM 2010

Please fill in this form and hand it in to front desk or fax (905-275-1089) with \$100 deposit

Participant 1:

Last Name: _____ First Name: _____

Age: _____ Date of Birth: _____ (day/mth/yr)

Health Card #: _____

Special Health Needs/Allergies: _____

Wk 1 (July 5-9)

Wk 4 (July 26-30)

Wk 7 (Aug 16-20)

Wk (July 12-16)

Wk 5 (*Aug 3-6) **4 days**

Wk 8 (Aug 23-27)

Wk 3 (July 19-23)

Wk 6 (Aug 9-13)

No camp on August 2

PLEASE SELECT OPTIONS:

Swimming Lessons(+ \$60)

Lunch Program(+ \$40)

Extended Hours Care(+ \$20)

Aqua Quest Level: _____

Participant 2:

Last Name: _____ First Name: _____

Age: _____ Date of Birth: _____ (day/mth/yr)

Health Card #: _____

Special Health Needs/Allergies: _____

Wk 1 (July 5-9)

Wk 4 (July 26-30)

Wk 7 (Aug 16-20)

Wk (July 12-16)

Wk 5 (*Aug 3-6) **4 days**

Wk 8 (Aug 23-27)

Wk 3 (July 19-23)

Wk 6 (Aug 9-13)

No camp on August 2

PLEASE SELECT OPTIONS:

Swimming Lessons (+\$60)

Lunch Program (+ \$40)

Extended Hours Care (+ \$20)

Aqua Quest Level: _____

Contact Information:

Parent or Guardian:

Last Name: _____ First Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Home Phone: _____ Business: _____

Cell: _____ **Email:** _____

Emergency contact: (must be different from the above information)

Last Name: _____ First Name: _____
Address: _____
City: _____ Province: _____ Postal Code: _____
Home Phone: _____ Business: _____
Cell: _____ Email: _____

IMPORTANT: Name of guardian/s for child/ren pick up _____
(**Must be completed**) _____

Method of Payment:

Are you a member? No Yes: Member # _____
 Payment to member account
 Visa
 Master Card
 American Express
 Cheque/Debit (deposit or full payment must be left for registration to be complete)

Cardholders Name: _____

Card Number: _____ Exp: _____

Participant(s) Permission:

I give my permission for:

- Supervisors or a representative of the Fitness Institute administer the appropriate care in the event of an emergency or any situation where care is needed (hospitalization, first aid etc.)
- Supervisors to take my children off the property of the Fitness Institute to nearby parks for recreation.
- My children's picture to be taken for the purposes of promoting junior programs at the Fitness Institute.
- Our camp coordinator reserves the right in exceptional circumstances to send children home who fail to co-operate with the program.
- I release the Fitness Institute and their staff from any claim for damages or otherwise that may result from either personal injury or property damage suffered by my child/ren engaged in camp activity.

Parents Signature: _____ Date: _____

Please contact Meghan McDonnell, Junior Program Director, for further questions or registration. We look forward to seeing your child/ren in camp!

(phone) 905-275-0610
mmcdonnell@fitnessinstitute.com
(fax) 905-275-1089
www.fitnessinstitute.com

