

# 2018 March Break Day Camp Registration Form



ROUGE VALLEY CONSERVATION CENTRE

ROUGE VALLEY FOUNDATION

1749 Meadowvale Road, Toronto, ON M1B 5W8  
416-282-8265 | info@rvcc.ca | www.rvcc.ca

Please fill out this form completely and mail your completed form and cheque to:

Rouge Valley Conservation Centre  
1749 Meadowvale Road  
Toronto, ON M1B 5W8

## 1ST CHILD'S INFORMATION:

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Male  Female

I am registering my child for the whole week  (check here)

I am registering my child for individual days only.

Please indicate which day(s) you are registering for:

Monday  Tuesday  Wednesday  Thursday  Friday

## 2ND CHILD'S INFORMATION:

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Male  Female

I am registering my child for the whole week  (check here)

I am registering my child for individual days only.

Please indicate which day(s) you are registering for:

Monday  Tuesday  Wednesday  Thursday  Friday

## MEDICAL INFORMATION:

Family Doctor:

\_\_\_\_\_

Phone #:

\_\_\_\_\_

## 1ST CHILD'S INFORMATION:

Medical Restrictions:

\_\_\_\_\_

Allergies or Dietary Restrictions:

\_\_\_\_\_

Activity Restrictions:

\_\_\_\_\_

Other relevant information:

\_\_\_\_\_

## 2ND CHILD'S INFORMATION:

Medical Restrictions:

\_\_\_\_\_

Allergies or Dietary Restrictions:

\_\_\_\_\_

Activity Restrictions:

\_\_\_\_\_

Other relevant information:

\_\_\_\_\_

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## FAMILY INFORMATION:

Parents    Guardians

Parent/Guardian 1:  Mr.  Mrs.  Ms.  Dr.

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address:  Family  Parent 1  Parent 2

Street: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

## EMERGENCY CONTACTS:

Full Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Relationship to child(ren): \_\_\_\_\_

Full Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Relationship to child(ren): \_\_\_\_\_

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## DROP OFF AND PICK UP:

Extended care required?:  Yes  No

Additional fee of \$40/week/child or \$8/day/child. Hours are strictly enforced. You must register for extended hours prior to start of camp, if required. If additional time is required, please call 416-282-8265 or email education@rvcc.ca to discuss.

If yes, which days and times?:

<input type="checkbox"/> Monday	<input type="checkbox"/> 8:30 a.m. - 9:00 a.m.	<input type="checkbox"/> 4:00 p.m. - 4:30 p.m.
<input type="checkbox"/> Tuesday	<input type="checkbox"/> 8:30 a.m. - 9:00 a.m.	<input type="checkbox"/> 4:00 p.m. - 4:30 p.m.
<input type="checkbox"/> Wednesday	<input type="checkbox"/> 8:30 a.m. - 9:00 a.m.	<input type="checkbox"/> 4:00 p.m. - 4:30 p.m.
<input type="checkbox"/> Thursday	<input type="checkbox"/> 8:30 a.m. - 9:00 a.m.	<input type="checkbox"/> 4:00 p.m. - 4:30 p.m.
<input type="checkbox"/> Friday	<input type="checkbox"/> 8:30 a.m. - 9:00 a.m.	<input type="checkbox"/> 4:00 p.m. - 4:30 p.m.

Persons authorized to pick up and/or drop off my child(ren):

Full Name:

Full Name:

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Phone #:

Phone #:

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Relationship to child:

Relationship to child:

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## METHOD OF PAYMENT:

Cash  Cheque (Please make your cheque payable to "Rouge Valley Foundation")

**A 50% downpayment is required with your registration. The balance is due on your child's first day at camp.**

Cost per child is \$275 for the whole week or \$55 per child for single days. Register before February 19<sup>th</sup> and pay \$250 per child for the whole week. Sibling discounts are available. Please email education@rvcc.ca for prices.

Amount Paid: \_\_\_\_\_

If you require financial assistance, please contact us for information on our Education Program Subsidy generously provided by TD Friends of the Environment.

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I/we hereby apply for registration for the herein named child(ren) for the Rouge Valley Conservation Centre's March Break Program indicated in this application. In consideration of acceptance of this application by Rouge Valley Foundation, I/we hereby agree as follows:

- a.** I/we agree to allow my/our child(ren) to participate in all activities and in any supervised trips to places not on the Rouge Valley Conservation Centre's property (e.g. hiking trails, stream, etc.).
- b.** that the directors of the Rouge Valley Foundation and Rouge Valley Conservation Centre reserve the right to terminate the registration of any child(ren) when it is deemed by the directors to be in the best interest of the child(ren) or the Rouge Valley Foundation and Rouge Valley Conservation Centre. In such an event it is understood a proportionate refund will be made.
- c.** to pay a 50% down payment upon registration of my child(ren) and the balance upon arrival at the Rouge Valley Conservation Centre. NSF cheques are subject to \$40 service charge and certified funds will be required.
- d.** to give Rouge Valley Foundation and Rouge Valley Conservation Centre officials authority to act on my behalf in case of emergency.
- e.** to release and indemnify Rouge Valley Foundation and Rouge Valley Conservation Centre from any and all claims for losses or articles and damages arising as a result of any accident, injury or otherwise sustained by the herein named child(ren) arising from participation in any activities.
- f.** to consent to the use by Rouge Valley Foundation and Rouge Valley Conservation Centre of my child(ren)'s likeness for publicity purposes, including website. No names will be used in conjunction with the photos.

_____	_____	_____
Date	Name of Child 1 (please print)	Name of Child 2 (please print)
_____	_____	_____
Date	Name of Parent/Guardian (please print)	Signature of Parent/Guardian
_____	_____	_____
Date	Name of Witness (please print)	Signature of Witness

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## **ROUGE VALLEY FOUNDATION WAIVER OF CLAIMS AND IDEMNITY Rouge Valley Conservation Centre March Break Program**

In consideration of the acceptance of my child(ren)'s application and permission to participate in the Rouge Valley Conservation Centre's March Break Program, I for myself, my heirs, executors, administrators, successors and assigns hereby release, waiver and forever discharge the Rouge Valley Foundation, and all their employees, agents, servants and contractors and all other associations, sanctioning bodies and sponsoring companies, and elected and appointed officials, successors and assigns, of and from all claims, demands, damages, costs, expenses, actions and causes of action, whether in law or equity, in respect of death, injury, loss, damage, to my person or property however caused, arising or to arise by reason of my child(ren)'s participation in the said Rouge Valley Conservation Centre's March Break Program, whether as spectator, participant, or otherwise; whether prior to, during or subsequent to his/her participation in the Rouge Valley Conservation Centre's March Break Program and notwithstanding that the same may have been contributed to or occasioned by the negligence of the aforesaid.

I further hereby undertake to hold and save harmless, and agree to indemnify all of the aforesaid from and against any and all liability incurred by any or all of them arising as a result of, or in any way connected with my child(ren)'s participation in the said Rouge Valley Conservation Centre's March Break Program.

I acknowledge and have read, understood and agree to the above Waiver, Release and Indemnity. I warrant that my child(ren) is physically fit to participate in the Rouge Valley Conservation Centre's March Break Program, and I hereby understand that he/she will follow the rules and regulations as set out by the organizers of the Rouge Valley Conservation Centre's March Break Program, and that by not adhering to the rules and regulations, he/she may not only endanger himself/herself, but permission may or will be revoked and he/she will be asked to leave the premises.

IN WITNESS WHEREOF, this waiver and indemnity has been duly executed at

\_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(city, town) (day of month) (month) (year)

\_\_\_\_\_  
Date Name of Child 1 (please print) Name of Child 2 (please print)

\_\_\_\_\_  
Date Name of Parent/Guardian (please print) Signature of Parent/Guardian

\_\_\_\_\_  
Date Name of Witness (please print) Signature of Witness