

Summer 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:

RVCC Summer Day Camp
Rouge Valley Conservation Centre
1749 Meadowvale Road
Toronto, ON M1B 5W8

CAMPER INFORMATION:

First Name: _____

Last Name: _____

Birthdate: _____

Male Female

Which week(s) are you registering for: _____

MEDICAL INFORMATION:

Family Doctor: _____

Phone #: _____

Medical Restrictions: _____

Activity Restrictions: _____

Allergies or Dietary Restrictions: _____

Other relevant information: _____

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FAMILY INFORMATION:

Parents Guardians

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

First Name: _____

Last 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 camper: _____

Full Name: _____

Phone #: _____

Relationship to camper: _____

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DROP OFF AND PICK UP:

Extended care required?: Yes No

Additional fee of \$30/week or \$6/day. 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 camper:

Full Name:

Phone #:

Relationship to camper:

Full Name:

Phone #:

Relationship to camper:

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 per week is \$250. Register before April 22 and pay \$220 per child per week.

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 camp weeks 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 camp activities and in any supervised trips to places not on the camp property (e.g. hiking trails, stream, etc.).
- b. that the directors of the Rouge Valley Conservation Centre Summer Camp reserve the right to terminate the registration of any campers when it is deemed by the directors to be in the best interest of the child or the camp. 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 and the balance upon the first day of camp. NSF cheques are subject to \$30 service charge and certified funds will be required.
- d. to give camp officials authority to act on my behalf in case of emergency.
- e. to release and indemnify Rouge Valley Foundation and Rouge Valley Conservation Centre Summer Camp 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 camp activities.
- f. to consent to the use by Rouge Valley Foundation and Rouge Valley Conservation Centre Summer Camp of the camper's likeness for publicity purposes, including website. No camper names will be used in conjunction with the photos.

Parent Name (print):

Witness (print):

Signature:

Signature:

Date:

Date:

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ROUGE VALLEY FOUNDATION WAIVER OF CLAIMS AND IDEMNITY Rouge Valley Conservation Centre Summer Day Camp

In consideration of the acceptance of my child's application and permission to participate in the Rouge Valley Conservation Centre's Summer Day Camp, known hereafter as the RVCC Summer Day Camp, 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's participation in the said RVCC Summer Day Camp, whether as spectator, participant, or otherwise; whether prior to, during or subsequent to his/her participation in the RVCC Summer Day Camp 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's participation in the said RVCC Summer Day Camp.

I acknowledge and have read, understood and agree to the above Waiver, Release and Indemnity. I warrant that my child is physically fit to participate in the RVCC Summer Day Camp, and I hereby understand that he/she will follow the rules and regulations as set out by the organizers of the RVCC Summer Day Camp, 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 Participant (please print)

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

Date Name of Witness Signature of Witness