

Wildlife Explorers 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, Ontario M1B 5W8

1ST CHILD'S INFORMATION:

Last Name: _____

First Name: _____

Birthdate: _____

Male Female

Session you registering for:

Winter Spring Summer Fall

I am registering my child for all dates during this session: (check here)

I am registering my child for the following individual dates during this session:

Wk 1 Wk 2 Wk 3 Wk 4 Wk 5 Wk 6

MEDICAL INFORMATION:

Family Doctor:

1ST CHILD'S INFORMATION:

Medical Restrictions:

Allergies or Dietary Restrictions:

Activity Restrictions:

Other relevant information:

2ND CHILD'S INFORMATION:

Last Name: _____

First Name: _____

Birthdate: _____

Male Female

Session you registering for:

Winter Spring Summer Fall

I am registering my child for all dates during this session: (check here)

I am registering my child for the following individual dates during this session:

Wk 1 Wk 2 Wk 3 Wk 4 Wk 5 Wk 6

Phone #:

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:

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

Full Name:

Full Name:

Phone #:

Phone #:

Relationship to child(ren):

Relationship to child(ren):

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.

Cost per child is \$145/six-week session or \$25 per child for single days.

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 Wildlife Explorers 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 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 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 \$30 service charge and certified funds will be required.
- d.** to give 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 Wildlife Explorers Program

In consideration of the acceptance of my child(ren)'s application and permission to participate in the Rouge Valley Conservation Centre's Wildlife Explorers 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 Wildlife Explorers Program, whether as spectator, participant, or otherwise; whether prior to, during or subsequent to his/her participation in the Rouge Valley Conservation Centre's Wildlife Explorers 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 Wildlife Explorers 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 Wildlife Explorers 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 Wildlife Explorers 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