

2024 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 email your completed form and e-transfer payment to: education@rvcc.ca Please remember to email us any passwords that may be needed in order to accept your e-transfer payment. If you would prefer to pay with cash or cheque, please let us know when you email your registration form.

1ST CHILD'S INFORMATION:

Last Name: _____

First Name: _____

Pronouns: _____

Birthdate: _____

I am registering my child for the following camp week(s) :

July 2 - 4 July 8 - 12 July 15 - 19 July 22 - 26

July 29 - Aug 2 Aug 6 - 9 Aug 12 - 16 Aug 19 - 23

1ST CHILD'S INFORMATION:

Last Name: _____

First Name: _____

Pronouns: _____

Birthdate: _____

I am registering my child for the following camp week(s) :

July 2 - 4 July 8 - 12 July 15 - 19 July 22 - 26

July 29 - Aug 2 Aug 6 - 9 Aug 12 - 16 Aug 19 - 23

MEDICAL INFORMATION:

Family Doctor:

Phone #:

1ST CHILD'S INFORMATION:

Medical Restrictions:

Allergies or Dietary Restrictions:

Activity Restrictions:

Other relevant information (e.g.: Autism, ADHD, etc...)

2ND CHILD'S INFORMATION:

Medical Restrictions:

Allergies or Dietary Restrictions:

Activity Restrictions:

Other relevant information (e.g.: Autism, ADHD, etc...)

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FAMILY INFORMATION:

This section must be COMPLETED IN FULL with your current information. If your information changes during the program, please provide your updated information to us in writing by email at education@rvcc.ca

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:

Parent/Guardian 2: Mr. Mrs. Ms. Dr.

Last Name:

First Name:

Home Phone:

Work Phone:

Cell Phone:

Email:

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 \$50/week/child or \$10/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:

Phone #:

Phone #:

Relationship to child:

Relationship to child:

METHOD OF PAYMENT:

e-transfer (email e-transfer to education@rvcc.ca; make sure to email any passwords that may be required in order to deposit funds)

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: \$350/child/week **EARLY BIRD DISCOUNT:** Register before April 1, 2024 and pay \$300/child/week

Amount Paid: _____

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I/we hereby apply for registration for the herein named child(ren) for the Rouge Valley Conservation Centre's Summer 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 \$50 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 Summer Program

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

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COVID-19 GUIDELINES

To help reduce the spread of COVID-19 we are following public health measures and have created the following guidelines and ask that all participants please adhere to them. Although we are making efforts to increase health and safety we cannot guarantee that participants will not contract COVID-19 while at our programs. If you have any questions or concerns, please contact us at 416-282-8265 or education@rvcc.ca. Please note that these guidelines may change as we will review them again closer to the start of camp.

Participant Health Screening

Parents are asked to pre-screen themselves and their children for COVID-19 symptoms before leaving home. **Go to <https://covid-19.ontario.ca/school-screening/>** and complete the online screening. If you, your child or anyone in your household is sick, we ask that you remain at home and call us at 416-282-8265 to notify us. **Names and contact information for all participants must be accurate and up to date.** If your child becomes sick or is feeling ill during camp, parents must pick up their child within one hour of being notified.

Wearing Masks During Program

While our program will take place outside as much as possible, participants of all ages (parents/caregivers and children) are encouraged to wear a mask if you have to go indoors. It is a good idea to bring extra masks in case one gets lost, dirty or wet during the program.

Participant Code of Conduct

Each participant will be asked to agree to a code of conduct while at the program, which may include physical distancing, respiratory etiquette (cover your cough/sneeze) and frequent handwashing/hand sanitizing. Any bad behaviour or unwillingness to follow these rules may result in the child being asked to leave the program.

Parent/Caregiver Drop off and Pick up

One adult (parent, grandparent, caregiver) must accompany each child to the designated sign in (drop off) and sign out (pick up) areas when dropping off or picking up a child.

Acceptance and Agreement

I/We acknowledge having read, understood, and agreed to all of the guidelines herein. I/We further acknowledge that I/we am/ are agreeing to the terms of this document freely and voluntarily.

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