



Camp A'hoy Registration Form



Camper Name:		Age:	Sex:	
Mailing Address:				
Postal Code:		DOB (YY/MM/DD)		
Parent E-Mail:		MCP:		
Allergy/Medical Information/Special Needs:				
Swimming Level/Lifejacket Needs:				
Parents/Guardians Name 1:		Day Time Phone:	Cell:	
Parents/Guardians Name 2:		Day Time Phone:	Cell:	
Emergency Contact Name:		Day Time Phone:	Cell:	
Weeks of Camp: Please select the camp of choice by using an asterisks (*) under select camp. Early Drop Off/Late Pick Up: \$10.00/child per week.				
Week	Theme	Date	Select Camp	Early Pick-Up/ Late Drop-Off
Example	Holyrood Week	June 1 – June 5	*	YES
Week 1	Adventure Land	July 2-July 6		
TEEN CAMP 1		July 9 – July 13		
Week 2	Animal Planet	July 9- July 13		
Week 3	Pirate Week	July 16 – July 20		
TEEN CAMP 2		July 23- July 27		
Week 4	Inventors Workshop	July 23 - July 27		
Week 5	Fiesta	July 30 -August 3		
TEEN CAMP 3		August 6 - August 10		
Week 6	Disco Dayz	August 6 – August 10		
Week 7	Camp A'hoy's Got Talent	August 13 – August 17		
TEEN CAMP 4		August 20 - August 24		
Week 8	Camp Hollywood	August 20 – August 24		
Total Number of Camps Selected:		Total Number of Early Drop-Off/ Late Pick Up:		
Office Use Only: TOTAL DUE: \$				
Please list below any person(s) <u>NOT</u> listed above that will be picking up your child.				
Name:		Relationship to child:		
Name:		Relationship to child:		
Payment Method (X): <input type="checkbox"/> Cash <input type="checkbox"/> Debit <input type="checkbox"/> Cheque <input type="checkbox"/> Email Money Transfer ***Please Note: All payments, including post-dated cheques must be received at the Town Hall by June 9 at 4:00pm. Failure to provide payment will result in termination of registration for summer program. There will be no payments taken after this date. If using post-dated cheques please post-date one week prior to the first day of camp selected. All NSF cheques are subject to a \$35.00 fee. NO REFUNDS EXCEPT WITH DOCTORS NOTE. No receipts re-prints will be available!				

Authorization – This registration will not be completed without a signature below. As I am registering my child _____ to attend Holyrood's summer program, I the undersigned parent, guardian or other assigned party, hereby agree to the following:

- a. The Town of Holyrood, staff, and any other participating sponsors in the event of an illness, accident, and injury are hereby given permission to authorize on my behalf all medical procedures including all treatments and possible admission to hospital as it is seen in the best interest of my child.
- b. I permit the noted camper above to attend all outings and field trips for the registered weeks of camp.
- c. **I will release any pictures taken of the camper listed above to be used by the Town of Holyrood for future promotional material (including social media) for its Summer Program. The Town of Holyrood shall be released from any liabilities that may result from these photos.**

Signature: _____

Date: _____