

Community Recreation Association

2011 SUMMER PROGRAM

General Camper Information

Child's Name: _____ Sex: Male Female

Birth Date: _____ Age: _____ Home Phone Number: _____
Month/Day/Year

Address: _____

Email: (parent newsletter emailed weekly) _____

Father/ Mother's Name: _____

Section: _____ Work Number: _____

DAY CAMP Program Registration-Ages 4-12 **SPORTS CAMP** Program Registration-Ages 8-12
 Please CHECK off camp weeks desired, (Week with * is shortened week) and CHECK
Summer Fun (SF) or **Summer Sports (SS)** in the spaces provided.

- | | | |
|---|--|---|
| <input type="checkbox"/> July 4 – July 10 <u> </u> / <u> </u> / <u> </u> SF / SS | <input type="checkbox"/> July 25 – July 29 <u> </u> / <u> </u> / <u> </u> SF / SS | <input type="checkbox"/> Aug. 15 – Aug. 19 <u> </u> / <u> </u> / <u> </u> SF / SS |
| <input type="checkbox"/> July 11 – July 15 <u> </u> / <u> </u> / <u> </u> SF / SS | <input type="checkbox"/> Aug 2(Tues)–Aug 5* <u> </u> / <u> </u> / <u> </u> SF / SS | <input type="checkbox"/> Aug. 22 – Aug. 26 <u> </u> / <u> </u> / <u> </u> SF / SS |
| <input type="checkbox"/> July 18 – July 22 <u> </u> / <u> </u> / <u> </u> SF / SS | <input type="checkbox"/> Aug. 8– Aug. 12 <u> </u> / <u> </u> / <u> </u> SF / SS | |

Prices for **Five** day week

				# of weeks		
BCRA Member	\$140.00/week + HST=\$158.20	X	_____	=	\$	_____
Defense Team Members/ Non BCRA	\$150.00/week + HST=\$169.55	X	_____	=	\$	_____
Association Member/Non BCRA	\$160.00/week + HST=\$180.80	X	_____	=	\$	_____
TOTAL						\$ _____

Prices for **Four** day week* - August 3rd week

				# of weeks		
BCRA Member	\$112.00/week + HST=\$126.56	X	_____	=	\$	_____
Defense Team Members/ Non BCRA	\$120.00/week + HST=\$135.60	X	_____	=	\$	_____
Association Member/Non BCRA	\$128.00/week + HST=\$144.64	X	_____	=	\$	_____
TOTAL						\$ _____

**Additional children of the same family will receive a 10% discount off their camp fees.

Office Use Only

Method of Payment _____ Postdated cheque #(s) _____

REGISTRATION AUTHORITY FORM

2011 SUMMER PROGRAM

Emergency Information

Emergency Contact: _____

Home Phone: _____

Relation to Child: _____

Work Phone: _____

Alternative Contact: _____

Home Phone: _____

Relation to Child: _____

Work Phone: _____

Child's Health Card Number: _____

Version Code: _____

Child's Doctor's Name: _____

Phone Number: _____

Allergies

Is your child allergic to any of the following?

- | | | | |
|-------------------------------------|-------|----------|-------|
| <input type="checkbox"/> Drugs | _____ | Comments | _____ |
| <input type="checkbox"/> Foods | _____ | | |
| <input type="checkbox"/> Bee Stings | _____ | | |

- | | | | |
|----------------------------------|-------|----------|-------|
| <input type="checkbox"/> Animals | _____ | Comments | _____ |
| <input type="checkbox"/> Peanuts | _____ | | |
| <input type="checkbox"/> Other | _____ | | |

Additional Health Information

Please state any physical or behavioural challenges that may be useful to the staff.

Does your child receive any medication? Y N

Illness/Condition	Medication	Dosage	Time of Day

Authorization

My child has my permission to attend all swim sessions during Summer Fun Camp.

I understand that in registering my child for camp, he/she will be involved in physical activities and with any physical activity; there is risk of injury. In the event of an emergency, I authorize the physician in the emergency care facility selected by the Camp staff to secure proper treatment for the child named above.

I give my permission for my child's photo to be used for publicity purposes. These photos may be taken during activities on and off CFB Borden that are part of the Summer Fun Program.

I give permission for my child to be inspected for head lice on a daily basis by qualified staff. If my child is found to be infected with head lice I will be contacted and I understand that my child will not be accepted to return to camp until at least two head lice treatments have been completed.

Safe Arrival & Departure Program: All campers must be signed in every morning and signed out every evening. Only the parent/guardian who signed a camper in will be permitted to sign a camper out unless otherwise stated on the sign in/out form. Additional charges of \$5 for each 10 minutes past 5:00 pick-up will apply.

Refund Policy: All withdrawal requests must be received 7 days before the beginning of each camp week. No refund will be issued after 7 days prior to the beginning of camp. All withdrawals are subject to a \$10.00 administration fee. All NSF cheques are subject to NPF Accounting policies and fees.

This form may be duplicated.

Signature of Parent/Guardian: _____ Date: _____

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