



Paddling Day Camp 2018 [Non-Member]

Returning Paddler Previous year(s) attended _____

NAME: PARTICIPANT'	
<u>MEDICAL CONCERNS/ALLERGIES</u>	

<u>DATE OF BIRTH</u>
<u>HEALTH CARD #</u>

NAME: PARENT/GUARDIAN	
ADDRESS:	

Phone #1:	<input type="checkbox"/> Home	<input type="checkbox"/> Work	<input type="checkbox"/> Mobile
Phone #2:	<input type="checkbox"/> Home	<input type="checkbox"/> Work	<input type="checkbox"/> Mobile
Phone #3:	<input type="checkbox"/> Home	<input type="checkbox"/> Work	<input type="checkbox"/> Mobile

EMAIL:	
--------	--

EMERGENCY CONTACT

<u>NAME</u>	<u>RELATIONSHIP</u>	<u>PHONE NUMBER</u>

<input type="checkbox"/>	WEEK 1	JUL 03 TO JUL 06
<input type="checkbox"/>	WEEK 2	JUL 9 TO JUL 13
<input type="checkbox"/>	WEEK 3	JUL 16 TO JUL 20

<input type="checkbox"/>	WEEK 4	JUL 23 TO JUL 27
<input type="checkbox"/>	WEEK 5	JUL 30 TO AUG 3
<input type="checkbox"/>	WEEK 6	AUG 7 TO AUG 10

<input type="checkbox"/>	WEEK 7	AUG 13 TO AUG 17
<input type="checkbox"/>	WEEK 8	AUG 20 TO AUG 24
<input type="checkbox"/>	WEEK 9	AUG 27 TO AUG 31

# OF WEEKS			FEE			TOTAL		
X \$160.00								
1 = \$160	2 = \$320	3 = \$480	4 = \$640	5 = \$800	6 = \$960	7 = \$1120	8 = \$1280	9 = \$1440

By signing below I hereby certify that I have:

<input type="checkbox"/> Read & Signed the <i>Release of Liability & Waiver</i>	<input type="checkbox"/> Received Handbook
---	--

Signature of Parent/Guardian _____
Date

Payment Information:

Receipt #				<input type="checkbox"/> MasterCard	<input type="checkbox"/> Visa	
<input type="checkbox"/> Cash	<input type="checkbox"/> Cheque	<input type="checkbox"/> Debit	<input type="checkbox"/> E-transfer	Number	Exp. Date	CVC