Paddling Day Camp 2020 [Non-Member]

☐ Returning Paddler Previous year(s) attended _____

NAME: PARTICIPANT'		DATE OF BIRTH
MEDICAL CONCERNS/ALLERGIES		HEALTH CARD #

NAME: PARENT/GUARDIAN		Phone #1: ☐ Home ☐ Work ☐ Mobile
ADDRESS:		Phone #2: ☐ Home ☐ Work ☐ Mobile
		Phone #3: ☐ Home ☐ Work ☐ Mobile

EMAIL:	

EMERGENCY CONTACT

NAME	RELATIONSHIP	PHONE NUMBER

☐	WEEK 1	JUN 29 TO JUL 03
☐	WEEK 2	JUL 6 TO JUL 10
☐	WEEK 3	JUL 13 TO JUL 17

☐	WEEK 4	JUL 20 TO JUL 24
☐	WEEK 5	JUL 27 TO JUL 31
☐	WEEK 6	AUG 4 TO AUG 7

☐	WEEK 7	AUG 10 TO AUG 14
☐	WEEK 8	AUG 17 TO AUG 21
☐	WEEK 9	AUG 24 TO AUG 28

# OF WEEKS			FEE			TOTAL		
			X $175.00					
1 = $175	2 = $350	3 = $525	4 = $700	5 = $875	6 = $1050	7 = $1225	8 = $1400	9 = $1575

By signing below I hereby certify that I have:

☐ Read & Signed the *Release of Liability & Waiver* ☐ Received Handbook

_____ _____

Signature of Parent/Guardian Date

Payment Information:

☐ Cash	☐ Cheque	☐ Debit	☐ E-transfer	☐ MasterCard	☐ Visa	Number	Exp. Date

Date Paid:		Amount Paid:		Receipt #	

Mic Mac Amateur Aquatic Club
192 Prince Albert Road Dartmouth, Nova Scotia B2Y 1M8 (902) 464-9480