



Paddling Day Camp 2021 [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:	
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EMERGENCY CONTACT

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

<input type="checkbox"/>	\$25.00/wk.	Pre/Post Care
<input type="checkbox"/>	WEEK 1	JUL 5 TO JUL 9
<input type="checkbox"/>	WEEK 2	JUL 12 TO JUL 16

<input type="checkbox"/>	WEEK 3	JUL 19 TO JUL 23
<input type="checkbox"/>	WEEK 4	JUL 26 TO JUL 30
<input type="checkbox"/>	WEEK 5	AUG 3 TO AUG 6

<input type="checkbox"/>	WEEK 6	AUG 9 TO AUG 13
<input type="checkbox"/>	WEEK 7	AUG 16 TO AUG 20
<input type="checkbox"/>	WEEK 8	AUG 23 TO AUG 27

# OF WEEKS			FEE			TOTAL		
X			\$200.00					
1 = \$200	2 = \$400	3 = \$600	4 = \$800	5 = \$1000	6 = \$1200	7 = \$1400	8 = \$1600	9 = \$1800

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
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Signature of Parent/GuardianDate

Payment Information:

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