



Plunge! Aquatic Centre 4-6 Year Old Summer Camp

Camper Registration Form

220 Mountain Drive, Blue Mountains, Ontario LY9 OV9 705-444-8705(p) 705-445-7803(f)

info@plungebluemountain.ca www.plungebluemountain.ca

Registration will not be processed without signature(s) by Parent(s)/Guardian(s) on the Authorized Release & Acknowledgment on the reverse side of this form, which contains important policies and procedures. Please note registrations are on a first come first served basis and are not confirmed until you have received a confirmation by email.

Family Name: _____ **Home Phone:** _____ **Email:** _____
Home Address: _____ **City:** _____ **Postal Code:** _____
Parent/Guardian#1 Name: _____ **Work/Chalet:** _____ **Cell:** _____
Parent/Guardian #2 Name: _____ **Work/Chalet:** _____ **Cell:** _____
Secondary Contact in case of emergency: _____ **Phone:** _____

Camper #1 Name: _____

Male/Female

Date of Birth (d/m/y) _____ **Age at time of camp (must be between the ages of 4 and 6 years):** _____

Heath Card Number: _____

Medical/Emotional/Social/Psychological Needs: _____

Session #(s) (1-9) _____ **Dates:** _____

Camper Total (\$44.00+ \$5.72 HST=\$49.72/day) \$ _____

(\$220 + \$28.60 HST = \$248.60/week) \$ _____

Camper #2 Name: _____

Male/Female

Date of Birth (d/m/y) _____ **Age at time of camp (must be between the ages of 4 and 6 years):** _____

Heath Card Number: _____

Medical/Emotional/Social/Psychological Needs: _____

Session #(s) (1-9) _____ **Dates:** _____

Camper Total (\$44.00+ \$5.72 HST=\$49.72/day) \$ _____

(\$220 + \$28.60 HST = \$248.60/week) \$ _____

Payment Options (please circle) VISA/ MASTERCARD/ AMERICAN EXPRESS/ CASH

Note – we do not accept personal cheques

Card Number: _____ **Expiry Date:** _____

Name on Card: _____ **Signature:** _____

For Office Use Only

Payment Received By: _____

Chit # _____

Entered in Jonas By: _____



**Plunge! 4-6 Year Old Summer Camp
Authorization, Release and Acknowledgement
Must be completed in full and accompany registration form**

The undersigned:

Medical Treatment/Emergency

authorizes Plunge! Aquatic Centre in the event of an emergency to use its reasonable discretion, on behalf of the undersigned, the undersigned's children or associated spectator(s) participating in or attending one or more of Plunge!'s current or future programs, in rendering first aid treatment or arranging for emergency medical care (including hospitalization), at the expense of the undersigned;

Release

releases Plunge! Aquatic Centre from all claims and liabilities whatsoever arising from participation in or attendance at one of more of Plunge!'s current or future programs by the undersigned, the undersigned's child(ren) or any associated spectator(s);

Missed Camp Policy

understands NO make up days or other financial credit/refund will be available in connection with missed camp time (other than of course if cancellation of the lesson is initiated by Plunge! for a closure beyond their control and in such case a full refund will be issued). When two weeks notice is given by the parent(s) or guardian(s) the registration fee may be moved to a different session within the same summer. This transfer of funds is dependant on availability within the week requested. These funds may not be transferred from year to year and are not transferable to any other service offered by Plunge! Aquatic Centre. A \$25 fee will apply for this transfer;

Camp Confirmation

understands registration is taken on a first come first serve basis. Campers will not be confirmed until registration and payment is completed in full. Once a camper registration is confirmed an email confirmation will be sent to the email address provided on the Camper Registration Form. Along with the confirmation a list of items the camper is required to bring each day will be listed.

Publicity

consents to the use by Plunge! of each students likeness for publicity purposes;

Termination of Participant

The Managers of Plunge! Aquatic Centre reserve the right to terminate the registration of any participant(s) if, in their sole discretion, the Managers, determine such termination to be in the best interest of the participant or the program;

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| <hr/> Print Name of Camper #1 | <hr/> Print Name of Camper #2 |
| <hr/> Print Name of Parent(s)/Guardian(s) | <hr/> Print Name of Parent(s)/Guardian(s) |
| <hr/> Signature of Parent(s)/Guardian(s) | <hr/> Signature of Parent(s)/Guardian(s) |
| <hr/> Date | <hr/> Date |