



2011 SUMMER CAMP REGISTRATION

4318 County Road 124, RR 2, Collingwood T: 705.444.2012 FAX: 705.444.2214
www.elephantthoughts.com charitable registration #85213 9336 RR0001

CAMPER INFORMATION:

New Camper Returning camper

Last name: _____ First Name: _____ Age: _____ M F

Health Card # _____ Please outline any special needs, allergies or health concerns your child may have:

Camp Date & Location: _____

CONTACT INFORMATION

Parent/ Guardian (s):

Alternate (emergency) contact:

Name (s): _____

Name: _____

Relationship: _____

Relationship: _____

Phone: _____

Phone: _____

Alternate phone: _____

Alternate phone: _____

Email is faster and better for the environment! Please indicate email to which you would like to receive confirmation and further correspondence:

Email: _____

ALTERNATE PICK UP INFORMATION:

In the event that I/we are not able to pick up my/our child, he/she has my/our permission to leave with the following individuals:

Name: _____ Phone: _____ Name: _____ Phone: _____

T-SHIRT SIZE: XS Small Medium Large XL

Can we contact you about helping to sponsor a deserving child for a week of camp? Yes No, thanks

CONDITIONS OF REGISTRATION (please read carefully!):

Photo Release:

- YES**, I give permission to Elephant Thoughts to include my child in photos taken by ET staff and/or occasional local media. I understand these photos may be used for promotional purposes (ie. slideshows, website, brochures, posters and in local media such as newspapers, etc.) **NO**, I do not provide photographic consent.

Parent/Guardian Agreement:

- I understand that registration forms can not be processed unless signed and accompanied by payment in full.
- Cancellation and refund: Full refunds, less \$25 administration fee, are available until 14 days prior to the start of camp. Registration fees are non-refundable after that date. There are no refunds for missed days.
- Elephant Thoughts reserves the right to terminate the registration of participant(s) if, in the opinion of the Camp Manager, it is in the best interest of the participant(s) or the camp. In such event, verbal and written notice will be given.
- Pick up time is 4:00 pm. After 4:15 pm a fee of \$1.00 per minute will be charged.
- Although Elephant Thoughts takes extreme pride, care, and measures to deliver an absolutely exceptional program while at the same time adhering to the most stringent codes of safe practice, by signing this permission form and allowing your child to participate in this program, you agree that you can not hold liable Elephant Thoughts Global Development Initiatives, its Directors, Volunteers, or Employees, nor hosting Schools and their representatives for any injury, loss of property, or anything else, due to accident, inappropriate behaviour on the part of the children, or for any other reason whatsoever .

Signed: _____ Date: _____

PAYMENT INFO:

Camp Fee/ week: Standard \$190.00 Sibling \$152.00 **OR** ET Member \$171.00

Paid by: MC VISA AMEX CASH DEBIT CHQ Credit Card # _____

Sales Receipt # _____ Paid in full date: _____ Expiry: _____ CVV: _____

Payment and registration processed by: (ET Staff member) _____