

# March Break Camp



## 2019 CAMPS REGISTRATION FORM

10138 Highway 26 East, Collingwood T: 705.444.2012 FAX: 705.444.2214  
charitable registration #85213 9336 RR0001

### CAMPER INFORMATION: New Camper Returning camper

First Name: \_\_\_\_\_ Last name: \_\_\_\_\_ Age: \_\_\_\_\_ M  F

Address: \_\_\_\_\_

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: \_\_\_\_\_

### PICK UP INFORMATION:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ 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: \_\_\_\_\_

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.
- 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/ Per Week:  Standard \$200  Sibling Rate \$160 Paid by: MC VISA AMEX CASH DEBIT

Credit Card # \_\_\_\_\_ Expiry: \_\_\_\_\_ CVV: \_\_\_\_\_

Sales Receipt # \_\_\_\_\_ Paid in full date: \_\_\_\_\_

Payment and registration processed by: (ET Staff member) \_\_\_\_\_