

SUMMER 2014 DAYCAMP REGISTRATION

Name of Child:	Age:	
Address:	Birth Date:	
Health Card Number:	Family Doctor:	
Allergies/Illness:		
Medical Problems we should be aware of:		
Mother's Name:	Home Phone #:	Work #:
Father's Name:	Home Phone #:	Work #:
Emergency Contact:	Relationship:	Phone #:

Do you plan on taking advantage of the **inclusion** of swimming lessons by combining the Day Camp Program and Swim Lessons? Yes No, not at this time

Yes No If **yes**, please complete the Swim Lesson Registration Form for Day Camp Participants

FEES: **Set 1: July 7-July 18 "Exploration"** **Set 2: August 4- August 15 "Super Heroes"**

With swim lessons & swim season pass → \$130.00 for 2 weeks

With swim lessons but no season pass → \$150.00 for 2 weeks

No swim lessons, 2 week camp → \$120.00

No swim lessons, 1 week only → \$60.00 Date(s): _____

→ I hereby give my consent for my son/daughter _____ to take part in the Summer Day Camp Program with the Town of Assiniboia. I realize I am fully responsible for any medical care, etc. that my child may require arising out of play program participation.

- *Inappropriate behaviour may result in a child being dismissed for the afternoon or longer.*
- *Special needs children **will be required** to have their own Caregiver present and be an active participant during the program.*

Signature of Parent: _____ Date: _____