



THE CHILD EXPERIENCE

REGISTRATION FORM

Check Weeks Attending	Week #	Dates	Camp Fee	Amount Included in Payment
	1	July 2 - July 5	\$95	
	2	July 8 - July 12	\$95	
	3	July 15 - July 19	\$95	
	4	July 22 - July 26	\$95	
	5	July 29 - August 2	\$95	
	6	August 6 - August 9	\$95	
Total # of Weeks			Total Camp Fee	

CAMPER SPOTS WILL BE FILLED ON A FIRST-COME FIRST SERVED BASIS.

TO REGISTER YOUR CHILD PLEASE COMPLETE ALL SECTIONS OF PAGE 2 & 3.

MY CHILD WILL BE REGISTERING AT THE

LOCATION.

CAMPER INFORMATION:

FIRST NAME: _____ **LAST NAME:** _____ **MALE or FEMALE**

Birth Date dd: ____ / mm: ____ / yyyy: ____ **Age on July 1st, 2024:** _____

PARENTS / GUARDIAN INFORMATION:

<p>Circle One: MR. MRS. MS.</p> <p>First and Last Name: _____</p> <p>Relationship to Camper: _____</p> <p>Email: _____</p>	<p>Circle One: MR. MRS. MS.</p> <p>First and Last Name: _____</p> <p>Relationship to Camper: _____</p> <p>Email: _____</p>
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ADDITIONAL INFORMATION:

CAMPER LIVES WITH: BOTH PARENTS MOTHER FATHER GRANDPARENTS. OTHER: _____

CAMPER WILL BE PICKED UP BY: _____
1st Guardian 2nd Guardian 3rd Guardian

HOME MAILING ADDRESS: _____
APT # STREET # STREET NAME CITY POSTAL CODE

PRIMARY CONTACT PHONE # _____ **EMERGENCY CONTACT PHONE:** _____



AWARENESS & ASSUMPTION OF RISK:

I am aware that summer day camp involves risks including the risk of personal injury and death. Included in these risks are negligence on the part of The Child Experience, its directors, officers, officials and volunteers, other participants and owners of the facilities where the activities occur (referred to in the rest of this agreement as "TCE Canada and other"). I freely accept and fully assume all such risks and the possibility of personal injury.

RELEASE OF LIABILITY, WAIVER OF CLAIMS, AND INDEMNITY AGREEMENT:

In consideration of TCE Canada accepting my application to participate in this activity, I agree:

1. To waive any and all claims that I may have in the future against TCE Canada AND OTHERS.
2. To release the TCE Canada AND OTHERS from any and all liabilities for any personal injury, death, property damage, expense and related loss, including loss of income that I or my next of kin may suffer as a result of my participation in this activity, due to any cause whatsoever, including negligence, breach of contract or breach of any statutory duty of care.
3. To hold harmless and indemnify TCE Canada AND OTHERS from any and all liabilities for any damage to property of, or personal injury to, any third-party, resulting from my participation in this activity.
4. That this agreement is binding on, not only myself, but my next of kin, heirs, executors, administrators and assigns.

PERMISSIONS AND MEDIA CONSENT:

I give permission to The Child Experience Canada to include my child in photos taken by camp staff, and/or occasional videotapes taken by local media. I understand these photos may be used for promotional purposes (e.g. Slideshow, website photo gallery, brochures, camp fair display, etc.), but no names will be used. I further understand that if a camper is not behaving appropriately in a safe manner, the camper will be dismissed from continuing in the camp for the rest of the day, and in serious cases, the remainder of the week. I understand that registration forms cannot be processed unless signed and accompanied by payment. I give permission to The Child Experience Summer Camp to transport this camper off camp property for the purpose of medical care or to participate in camp programming which involves leaving the camp premises (e.g. Trips to pools or local parks, etc.). There will be no refunds given after the registration has been processed.

I have read this agreement and understand it. I am aware that by signing this document I am leaving certain rights which I or my next of kin, heirs, executors, administrators, and the signees may have against TCE Canada and others. I also understand and accept the no refund policy.

Signature of Parent/Guardian: _____ **Date:** _____

Signature of Parent/Guardian: _____ **Date:** _____

HEALTH:

List any allergies your child has: _____

List any medications your child takes regularly: _____

Other information regarding your child's health: _____