

Karters' Korner Paintball Summer Camp

Registration Form

Camper Information

Last Name: _____ Given Name: _____
 Male Age: _____ Height: _____
 Female Birthday: _____ (day/month/year)

Address: _____ Apt #: _____

City: _____ Postal Code: _____

Emergency Contact (Different from parent): _____

Relationship: _____ Phone: _____

Other Phone: _____

Special Instructions (health, behaviour, allergies, etc.): _____

Does camper have permission from parent/guardian to walk/bike home on his/her own from Karters' Korner?

- Yes
- No

Please list the names of the people who are permitted to pick up your child after camp.

How did you hear about our summer camp? _____

Parent/Guardian Information

Mother's name: _____ Home Phone: _____

Work Phone: _____ Other Phone: _____

Father's name: _____ Home Phone: _____

Work Phone: _____ Other Phone: _____

Guardian's name: _____ Home Phone: _____

Work Phone: _____ Other Phone: _____

E-mail: _____

Medical Information

Ontario Health Card Number: _____

Allergies: _____

If yes, does your child carry an epi-pen? _____

Does the camper require medication to be administered while at camp or by Karters' Korner camp staff (oral, injection, inhaler, etc.)?

- Yes
- No

If yes, please complete the Medication Administration Request Form, which can be picked up at the office at Karters' Korner or emailed to you on request.

Does your child suffer from any medical or environmental disease or condition for which they are receiving on-going medical treatment by a physician?

- Yes
- No

If yes, please specify: _____

I wish to discuss medical information with a councillor prior to camp.

- Yes
- No

Parent/Guardian's signature _____

Medical Treatment Waiver

If at any time medical treatment is necessary for my child, I give consent for treatment to be given. I understand that every effort will be made to contact parent/guardian prior to emergency treatment.

Signature of Parent/Guardian: _____ Date: _____

Email Waiver

I give permission for the Karters' Korner staff to communicate with me by email. Selected families will be contacted to complete a camp customer satisfaction survey to ensure a safe and positive experience for all campers.

Email Address (Parent/Guardian): _____

Signature: _____ Date: _____

Camp Fees

Camp is \$275.00 per session tax included. A 10% discount will be issued to the second session purchased.

Withdrawal and Refund Procedures

Participants may withdraw from a camp at any time. Refunds will only be provided for withdrawals that are requested in writing or via email two weeks before the starting date of the camp. Refunds are subject to a \$25.00 administration charge.

Camp Choice

- o Session one: July 11th-15th 2016
- o Session two: July 25th-29th 2016
- o Session three: August 8th-12th 2016
- o Session four: August 22nd-26th 2016

Payment Enclosed

- o Full Payment
- o Deposit (\$50.00/session/child) + balance post-dated cheque(s) or credit card

Post dated Payment Dates

- o Session one: July 11th, 2016
- o Session two: July 25th, 2016
- o Session three: August 8th, 2016
- o Session four: August 22nd, 2016

All cheques made payable to: Karters' Korner

If paying by Credit Card, please complete:

Credit Card Number: _____ Expiry date: _____ / _____

Card Holder's Name: _____ Signature: _____

FOR OFFICE USE ONLY:

- o Cash
- o Cheque
- o Interact
- o Visa
- o MC
- o Amex

Initials: _____ Date: _____ / _____ / _____