

# Summer Camps Registration Form

Register online at [ajax.ca/ActiveAjax](http://ajax.ca/ActiveAjax). Additional registration forms online at [ajax.ca/ActiveAjax](http://ajax.ca/ActiveAjax) or at the Ajax and McLean Community Centres, or the Audley Recreation Centre. Photocopies may also be used.

## PART A: FAMILY/GUARDIAN INFORMATION - Please print clearly

Main Contact/Parent/Guardian Last Name	First Name	Home Phone:	Cell Phone:	Business Phone:
Email Address	<input type="checkbox"/> PRIVATE: Please do not contact me about programs/events via email.		Relationship to Camper	Birth Date D/M/Y
Family Address	Apt./Unit #	Town/City	Postal Code	

## PART B: ADULT EMERGENCY & AUTHORIZED PICK-UP CONTACT INFORMATION

A minimum of 2 other adult emergency contacts are required. Only the adults listed below and the Main Contact/Parent/Guardian will be allowed to pick up camper.

	Last Name	First Name	Home Phone	Business Phone	Cell Phone	Relationship to Camper
1						
2						
3						

## PART C: CAMPER INFORMATION

Camper Last Name	First Name	Birth Date D/M/Y	Age	Gender
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Photograph Release: Check box if you do **NOT** give permission for the Town of Ajax to take photographs of your child during this program session for use in future promotional materials.

**Swim Ability - Personal Floatation Device (PFD) Requirements:** (Consult swim admission standards on page 65 of the guide)

Yes, PFD required (no swim ability)     Yes, PFD required (6 yrs and under)     Child can take deep end test (7 yrs +)     No, PFD is not required

**Sign In/Out Privileges:** Can your child sign in and out of camp/bus on their own? (10 yrs +)     Yes     No

**Allergies:**  Yes, my child uses an EpiPen for (list allergy): \_\_\_\_\_

Dates	Camp Code	Camp Name	Before Hours Code	After Hours Code	Bus Route Code Only camps with	Pizza (Optional) Only Camps with		Total Fee
			Choose Before/After Hours or Busing. NOT both.			Pepperoni	Cheese	
Jul 2-5 (4 days)						x _____	x _____	\$
Jul 8-12						x _____	x _____	\$
Jul 15-19						x _____	x _____	\$
Jul 22-26						x _____	x _____	\$
Jul 29-Aug 2						x _____	x _____	\$
Aug 6-9 (4 days)						x _____	x _____	\$
Aug 12-16						x _____	x _____	\$
Aug 19-23						x _____	x _____	\$
Aug 26-30						x _____	x _____	\$

**Special Needs/Medical:** Please list any information you would like us to be aware of: \_\_\_\_\_

Yes, my child requires one-to-one support. List applicable support code(s): Support Code \_\_\_\_\_ Support Code \_\_\_\_\_ Support Code \_\_\_\_\_ Support Code \_\_\_\_\_

<b>PART D: METHOD OF PAYMENT</b>	<input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> Amex <input type="checkbox"/> Cheque <input type="checkbox"/> Debit <input type="checkbox"/> Cash/Gift Card	<input type="checkbox"/> Scheduled payment June \$ _____ July \$ _____	Total Amount \$ _____
	Note: Credit card information NOT required if paying at front counter. Credit Card # _____	Expiry Date _____	
Card Holder Name (Please print): _____		Signature _____	

**PART E: WAIVER:** In consideration of permission to use the property, facilities, staff, equipment and services of the Town of Ajax, I, on behalf of myself, my heirs, personal representatives, or assigns, or as the legal guardian of the minor registrant, do hereby release, indemnify and save harmless, waive, and forever discharge the Town of Ajax, its directors, officers, employees, volunteers and agents from liability from any and all claims resulting in personal injury, accidents or illnesses (including death) and property loss resulting from, but not limited to, participation in activities, classes, observation, and use of facilities, premises or equipment. By signing this form, I fully understand its terms and understand that I have given up substantial rights by signing it.

Personal information on this form is collected under the authority of the Municipal Act to be used by Recreation, Culture & Community Development staff for the purpose of processing your registration and sending program information from the Town of Ajax. Questions about this collection may be directed to the FOI Coordinator, 65 Harwood Avenue South, Ajax, Ontario, L1S 2H9.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_