

## 2019 SUMMER CAMP REGISTRATION FORM



PARTICIPANT/FAMILY INFORMATION	ON- Please pr	int clearly	Note: Each child must	have their own registration form	1!				
Participant's last name:	Participant's firs	t name:	Birth Date: DD/MM/YY	Sex: Male Female					
Family address:		Apt/Unit #	Postal Code:	Email:					
Parent 1/ Guardian 1:	Hom	ne Phone #	Work/Cell Phone #						
Parent 2/Guardian 2:	Hom	ne Phone #	Work/Cell Phone #						
Alternate Emergency contact name: (Different than parent)	Hon	ne Phone #	Work/Cell Phone #						
Custody (Mother/Father/Both/Other)	Who can pick u	p your child?	Who should NOT be contact	Who should NOT be contacting, visiting/picking up your child					
Medical Information (Required) if additi Health Card #	Doe	•	special medical attention(i.e. med	dicatiorYes					
Allergies:  My child is allergic to :	/ere	71 1							
Treatment and comments:		Additional Information:							
Dietary Information (Required) Is there any snacks or drinks you would NOT your child having? i.e. Coke	want	Specific	c food allergies (please explain):						



## 2019 SUMMER CAMP REGISTRATION FORM 2



## Camper's Commitment

	Camp	Ci 3 Collill	IIIIII													
		I want to b	ecome a can	nper	at Lasero	camp	Plus. I w	ill ab	ide by camp rules. I	will do my bes	t to ma	ke this a	good experience for myself and fellow campers			
		I understa	nd that failure	e to I	ive up to t	this p	oromise m	ight ı	result in my dismissal	from camp.						
	Paren	t's Commit	tment													
		I have disc	cussed the Ca	amp	er's and P	Parer	nt's Comm	itme	nt with my child and c	onfirm that this	s camp	er agree	s to participate in the full program, to follow safety			
		instruction	s and/or retra	ain fr	om behav	∕ior t	hat is harn	nful t	o oneself or others. I	understand a	nd supp	oort the	camp policy that prohibits the possession or use			
		of tobacco	, alcohol or n	non-p	orescriptio	n drı	ugs and ur	nders	stand their use as wel	l as abusive be	ehavior	is cause	e for dismissal without refund of camp fees			
		Camper'	s signature	e					P	arent's sign	ature					
	Photo	Release:														
		I authorize	I authorize Laserdome Plus to use any photos of my child obtained while engaged in the Lasercamp Plus programs for promotional purposes													
		Date							Pa	arent's signa	ature <sub>.</sub>					
	Autho	rization														
		In permittir	ng my child to	o atte	end Laser	cam	p Plus, I, t	the u	ndersigned permit my	child to partic	ipate ir	n the full	range of camp activities and authorize the Camp Director			
		or his/her	appointee, in	the	event of a	accid	ent or illne	ess a	ffecting the named ca	mper to autho	rize on	my beh	alf all procedures, including admission to hospital and			
		necessary	treatment the	ereir	n, as he/sl	he m	ay deem e	esse	ntial for the care and	well-being of th	ne cam	per. Su	ch action is only to be taken when immediate contact with			
		the unders	igned cannot	t be	made. It i	is un	derstood t	that t	he camp is not respo	nsible for the c	ost of	medical	care.			
		Date							P	arent's signa	ature					
		Did your	child parti	icipa	ate in La	ser	dome Pl	us S	Pa Summer Camp in	in previous	vears	?	<del></del>			
									'	'						
		ns 1-8: Daily	_						E: 11.T: (E:)	<b>T</b> I			Pricing (Per person Plus HST)			
<u> </u>	Mon		Wed		Thu	<u>rs</u>	Fri	_	Field Trip (Fri)	Theme	Full	Week	Ages 6-13yrs Monday to Friday (5 days)= \$350			
1	15-Jul	16-Jul	17-Jul		18-Jul		19-Jul		Science World	Science	_	╡	Ages 6-13yrs Monday to Thursday (1 day)= \$6			
3	N/A	6-Aug	7-Aug		8-Aug		9-Aug		Playland	Carnival		=	Ages 6-13yrs Friday (1 day-Includes field trip)=			
5	Man Lun		-		abiakan n		JI oto nizzo	مديط	*Please bring a	boggod lur	oh fo	 r_Eri *				
6	Mon Lur	ch=Choice-hot	ch= Make y					bun	2 Snacks are							
7	Wed Lur	nch=Choice-ho					•	hun								
8	VVEG LGI						-	Dui								
<u> </u>	Mon		Thurs Lunch= Make your own sandwich day Tues Wed Thurs Fri							Lunch is included Monday to Thursday  SUMMER CAMP EARLY REGISTRATION!!						
\$10	Before	Before	Before		Before		Before	_	Sign up before June 15 - \$50 off							
	After	After	After		After	$\vdash$	After					ngir up	Delote Julie 13 - \$30 Off			
	Both	Both	Both	$\vdash$	Both	+	Both	$\vdash$	P	rice Ontion	+ Fyt	ented (	Care= x HST (12 %)=			
Ψ.σ	D (	Both Both Both Price Option + Extented Care x HST (12 %)=														

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10	Before		Before		Before		Before		Before		Sign up before June 15 - \$50 off						
10	After		After		After		After		After								
15	Both		Both		Both		Both		Both		Price Option + Extented Care= x HST (12 %)=						
	Before Care 8am-9am \$10 OR After Care 4pm-5pm \$10																
4	Before Care AND After Care \$15							315			Example: \$240(1 week)+ \$15 (1 Day Both before and after)=\$255 x 12%= \$285.60	Example: \$240(1 week)+ \$15 (1 Day Both before and after)=\$255 x 12%= \$285.60					
	Office u	use	only:														
	Subtotal: Payment Type: V MC [						Paymer	nt T	ype: V 1	MC	MC D Cash Other: Comments:						
	HST: Tax Receipt Issued?							ceip	t Issued	l? _	?						
	Total:																