

CAMP REGISTRATION FORM

Registration Forms can be DROPPED OFF, MAILED, FAXED 905-859-8018 or EMAILED camps@king.ca: DROPPED OFF or MAILED:

- Dr. William Laceby Nobleton Community Centre and Arena, 15 Old King Road, Nobleton or
- Trisan Centre, 25 Dillane Drive, Schomberg or
- Township of King Municipal Offices, 2075 King Road, King City

	ADULT/	PARENT/GUA	RDIAN INFO	RMATION		
Last Name:			First Name:			
				P.O B		
			Postal Code:			
Home Phone Numb	er: ()		Cell Number: ()			
Business Number: ()	Email Address:		Email Address:		
			Emergency Number:			
Participant #1 Full Name:		E	Birth Date (DD/MM/YY	YY):	Gender:	
САМР	CODE	WEEK	CAMP FEE SUBTOTAL	EC OR BUS FEE (IF APPLICABLE)	FEE TOTAL	
				For Ford		
				Fee Total		
Participant #2 Full Name:		E	Birth Date (DD/MM/YY	YY):	Gender:	
САМР	CODE	WEEK	CAMP FEE SUBTOTAL	EC OR BUS FEE (IF APPLICABLE)	FEE TOTAL	
				Fee Total		



Name: __

articipant #3		
Full Name:	Birth Date (DD/MM/YYYY):	Gender:

CAMP	CODE	WEEK	CAMP FEE SUBTOTAL	EC OR BUS FEE (IF APPLICABLE)	FEE TOTAL
				Fee Total	

TERMS AND CONDITIONS

This waiver must be signed in order for this registration application to be processed:

I acknowledge that the personal information on this form is collected under the authority of the Municipal Act, 2001, S.O. 2001 c.M. 25. On behalf of myself and all participants listed above, I give permission to the Parks, Recreation and Culture Department or its representatives and volunteers to administer the Township's Parks, Recreation and Culture department programs, including but not limited to processing this registration form, collecting fees, assigning participants to various programs and recording any medical information (if required). On behalf of myself and all participants listed above, I give permission to the Township to arrange for emergency medical care including but not limited to hospitalization and for transportation to a local doctor or hospital for medical treatment if necessary, and I consent on behalf of myself and the participants listed below, to the administration of such medical treatment, at my own expense. I release, discharge, indemnify and hold harmless the Township of King from and against all claims or proceedings in respect of any costs, losses, damage or injury, whether to property or personal injury resulting from or arising in connection with my participation, or the participation by those persons listed above, in any activity contemplated by this Registration. I hereby turther agree that the Township, its staff, volunteers and other participants, shall not be liable, either directly or indirectly, for any claims, or any damages, costs and expenses respecting any act done in good faith, including but not limited to personal injury, death, property damage or loss resulting from or in connection with participation in any activity contemplated by this Registration, whether or not such injury, damage or loss occurred as a result of any negligence, negligent misrepresentation or breach of statutory duty and/or breach of contract on the part of the Township its staff, volunteers and other participants. Sy registering in a program I agree to medical attention and accept inherent

by this Neglistration, whether or into south right, valurage or toos occurred as a result or any heighgenite, negligent miss. Township its staff, volunteers and other participants. By registering in a program I agree to medical attention and accutings, off site trips and use of photographs taken by the media.	
Signature:	Date:
PAYMENT INFOR	RMATION
Payment information must be provided in order for this registration application to be NSF and may result in the denial of Township services.	processed. There is a charge of \$40.50 for all cheques returned
I authorize the Township of King to charge my:	Cheque
Credit Card Number:	Expiry Date: /
Cardholder C.	ardholder

REFUND POLICY

Signature: ___

Cancellation Date	Refund Amount	
7+ days prior to start date	80% refund	
5-6 days prior to start date	50% refund	
Thursday after 4pm prior to weekly camp registration	No refund	
Less than 48 hours prior to daily camp registration	No refund	
Medical Circumstances where a Doctor's note is provided	100% refund	

^{*}No daily refunds will be granted for weekly camp registrations