



# 2017 TOWN OF GRENFELL DAY CAMP REGISTRATION FORM

## PART A: PARTICIPANT'S INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Birthdate: D \_\_\_\_\_ M \_\_\_\_\_ Y \_\_\_\_\_ Sex (circle one): M or F  
 Street Address: \_\_\_\_\_ PO Box #: \_\_\_\_\_  
 City/Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Medical Info. /Allergies: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## PART B: PROGRAM SELECTION

	Mon	Tues	Wed	Thurs	Fri	Registration Fees	Total
August	<input type="checkbox"/> 14th	<input type="checkbox"/> 15th	<input type="checkbox"/> 16th	<input type="checkbox"/> 17th	<input type="checkbox"/> 18th	___ X \$7/day=	___
August	<input type="checkbox"/> 21st	<input type="checkbox"/> 22nd	<input type="checkbox"/> 23rd	<input type="checkbox"/> 24th	<input type="checkbox"/> 25th	___ X \$7/day=	+ ___
						Total	<u>          </u>

## PART C: FAMILY INFORMATION

Mother's Name: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Cell Number: \_\_\_\_\_ Alternative: \_\_\_\_\_  
 Father's Name: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Cell Number: \_\_\_\_\_ Alternative: \_\_\_\_\_  
 Participant lives with  
 Mother     Father     Both     Other

## PART D: EMERGENCY CONTACT – other than Parent/Guardian

Contact Name: \_\_\_\_\_  
 Relationship:     Daycare Provider     Relative     Friend  
 Cell Number: \_\_\_\_\_ Alternative contact #: \_\_\_\_\_  
 Participant's Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**PART E: CONSENT**

**Participant Waiver:** This signed consent form allows my child to participate in all supervised activities listed on this registration form. The Town of Grenfell and its employees are not responsible for any claim, loss, injury or damage to persons or to property suffered during supervised activities.

Parent/Guardian Initials: \_\_\_\_\_

**Photo Release:** I give the Town of Grenfell permission to photograph my child; and to use these photographs for display and in any future promotional materials and website content without compensation.

Parent/Guardian Initials: \_\_\_\_\_

**Our Privacy Commitment:** The Town of Grenfell is committed to protecting your privacy. The personal information contained on this form is collected by the Town of Grenfell for the purpose of administering recreational programs. It will be kept secured and confidential and will be used only by administrative and program staff. The information will also be used to inform the registrants of any future programs similar to those registered for.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PART F: PAYMENT INFORMATION**

Method of payment:             Cash    Cheque     Credit Card    Online

Name on Card: \_\_\_\_\_

Credit Card #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiry Date:    MONTH \_\_\_\_/YEAR \_\_\_\_

Cheque #: \_\_\_\_\_

Please return this registration form to the Town of Grenfell Office at 800 Desmond Street or mail to:

Attn: Community Development Coordinator  
Town of Grenfell  
PO Box 1120  
Grenfell, SK S0G 2B0