

# Day Camp Registration Form

## Langenburg Summer Dayz 2024

Fill out the form carefully to register your child, you MUST fill out an additional form for each child register!

### Child's Information

#### Personal & Health & Contact

Name: \_\_\_\_\_ Age (at the time of camp): \_\_\_\_\_

Street Address: \_\_\_\_\_ Street Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_

Child's Health Card#: \_\_\_\_\_

List any concerns or information to help with your child (Include allergies)

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Email (example@example.com): \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

Relationship with the Participant: \_\_\_\_\_

Parent/Guardian Information: \_\_\_\_\_

Second Contact Person: \_\_\_\_\_ Relationship with the camper: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship with the camper: \_\_\_\_\_

#### Program Information \$45.00/WEEK; Drop in Rate \$15.00

##### SELECT WEEK:

- |   |   |
|---|---|
| <input type="checkbox"/> Week 1 July 8-11     | <input type="checkbox"/> Week 5 Aug 6-8   |
| <input type="checkbox"/> Week 2 July 15-18    | <input type="checkbox"/> Week 6 Aug 12-15 |
| <input type="checkbox"/> Week 3 July 22-25    | <input type="checkbox"/> Week 7 Aug 19-22 |
| <input type="checkbox"/> Week 4 July 29-Aug 1 |   |

**SELECT DAY:**

- |                                  |                                   |                                    |                                    |
|----------------------------------|-----------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> JULY 8  | <input type="checkbox"/> JULY 22  | <input type="checkbox"/> AUGUST 6  | <input type="checkbox"/> AUGUST 20 |
| <input type="checkbox"/> JULY 9  | <input type="checkbox"/> JULY 23  | <input type="checkbox"/> AUGUST 7  | <input type="checkbox"/> AUGUST 21 |
| <input type="checkbox"/> JULY 10 | <input type="checkbox"/> JULY 24  | <input type="checkbox"/> AUGUST 8  | <input type="checkbox"/> AUGUST 22 |
| <input type="checkbox"/> JULY 11 | <input type="checkbox"/> JULY 25  | <input type="checkbox"/> AUGUST 12 |                                    |
| <input type="checkbox"/> JULY 15 | <input type="checkbox"/> JULY 29  | <input type="checkbox"/> AUGUST 13 |                                    |
| <input type="checkbox"/> JULY 16 | <input type="checkbox"/> JULY 30  | <input type="checkbox"/> AUGUST 14 |                                    |
| <input type="checkbox"/> JULY 17 | <input type="checkbox"/> JULY 31  | <input type="checkbox"/> AUGUST 15 |                                    |
| <input type="checkbox"/> JULY 18 | <input type="checkbox"/> AUGUST 1 | <input type="checkbox"/> AUGUST 19 |                                    |

**Payment Type**

- Cheque Enclosed
- E-Transfer ([office@langenburg.ca](mailto:office@langenburg.ca))
- Cash

Registrations may be emailed to the Town Office at [recreation@langenburg.ca](mailto:recreation@langenburg.ca) or dropped off in the overnight 'Book Return' box at the office located at 202 Wells Avenue East.

**Program & Transportation & Payment**

Terms & Conditions Elements of Risk: Summer activity programs, such as the Summer Dayz Program may contain certain elements of risk. The instructors will attempt to minimize these risks by providing the appropriate level of supervision while the children are under their care. Accidents may, however, occur while participating in these activities, and these accidents may cause injury. The accidents that may result from the nature of this program can occur without any fault on either the part of the child or the Langenburg Summer Dayz Program and its instructors and employees. By choosing to participate in this program, you, as a parent or guardian, are assuming the risk of an accident occurring that involves your child. The chances of an accident occurring can be greatly reduced by having your child listen to and carefully follow the leader's instructions at all times. Waiver: I have read the above, and I certify that my child is in good health and able to participate in vigorous activities through Langenburg Summer Dayz Program and I authorize the directors to seek emergency medical treatment if it is deemed necessary. This also assures that I release the instructors, facilities and Langenburg Summer Dayz Program from any and all liability from any injury or illness incurred going to and from the program and while participating in a program. I agree to hold harmless the instructors, facilities, Langenburg Summer Dayz Program and its operators of all liabilities for losses and/or damages of all and every description.

By clicking you are confirming that you have read, understand and agree to the Summer Dayz terms and Conditions.

SIGNATURE REQUIRED: \_\_\_\_\_