



FRONTENAC ARCH BIOSPHERE NATURE CAMP 2020

Landon Bay 302 - 1000 Islands Parkway

P.O. Box 483, Gananoque, ON K7G 2V1

CAMPER REGISTRATION FORM



CAMPER INFORMATION - ONE PER FORM	EMERGENCY CONTACT INFORMATION
Name: _____	Name/Relationship (if different from parent) _____
Date of Birth: _____ (YYYY/MM/DD)	Telephone: _____
Age*: _____ Gender (Circle one): M / F Address: _____	Doctor: _____
_____ Postal Code: _____	Health Card Number: _____
Parent(s): _____	Medical/other special needs (allergies - food, insects, etc.) _____
_____	_____
Telephone: _____	Email (for receipt): _____
(W) _____	
(H) _____ (Alternate) _____	

* Campers should be min. of 6 years old as of Jan 1, 2020 (5 year olds with Kindergarten Experience accepted subject to approval).

DAY CAMP SESSIONS - please indicate week(s) you would prefer

Sessions are from 8:30 am (drop-off 8:00 am - 8:30 am) to 4:30 pm (pick-up 4:30 pm - 5:00 pm)

Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8
Jul 6-10	Jul 13-17	Jul 20-24	Jul 27-31	Aug 3-7	Aug 10-14	Aug 17-21	Aug 24-28
Live in the Landscape	Teamwork: the Key To Survival	Rooting for Dirt	A Snail's Pace	Nature Know-How	Dip In and Discover	Backpack the Biosphere	Soar into Action
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I understand that there are risks involved in an activity or program and I acknowledge that my choice to register my child in the above-named activity or program brings with it the assumption by me of those risks. I also release the Frontenac Arch Biosphere Foundation and the Frontenac Arch Biosphere Nature Camp and its staff of any claim whatsoever arising from such risks. Permission is hereby granted to the Frontenac Arch Biosphere Foundation and its representatives to transport participant(s) to a local doctor or hospital for medical treatment if necessary.

Signature of Parent / Guardian: _____ Date: _____ (YYYY / MM / DD)



This is to give permission for photographs of the camp participants including my child to be used in publications and or newspaper articles for the purpose of advertising or public information about the Nature Camp. Names would not be released with any photos.

Signature of Parent/Guardian: _____ Date: _____ (YYYY / MM/DD)

May we share your name, address & phone with others interested in carpooling? Yes No

For information and an application form for the Gananoque/TLTI Positive Opportunity Partnership for Kids Programme, (POP), visit <https://www.fabfoundation.ca>

Registration Enquiries – 613-382-7381

For Office Use Only

of Weeks _____ x \$150.00 = \$ _____ (Total)

Deposit \$ _____ Balance \$ _____

Method of Payment: Cash Cheque e-Transfer Receipt Issued

Confirmation Sent: Date (MM/DD/YYYY) _____ / _____ / 2020

PAYMENT INFORMATION

Cost is \$150 / week / child.

Cheques should be made out to FAB Nature Camp.

e-Transfers should be sent to info@fabfoundation.ca

Refund Policy: \$25 fee if cancelled up to one week (7 days) before

