



# FRONTENAC ARCH BIOSPHERE NATURE CAMP 2019

Revised

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

\* Campers should be min. of 6 years old as of Jan 1, 2019 (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 1 - 5	Jul 8-12	Jul 15-19	Jul 22-26	Jul 29-Aug 2	Aug 5-9	Aug 12-16	Aug 19-23
Turtle - Turtle	Nature's Slime	Birds of a Feather	Stories in Nature	It's a Bug's World	Survivor-Animal Edition	All Over the Map	Biosphere Bash!
<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 <http://www.fabnaturecamp.weebly.com>

Registration Enquiries – 613-382-7381

For Office Use Only

# of Weeks \_\_\_\_\_ x \$150.00 = \$ \_\_\_\_\_ (Total)

Deposit \$ \_\_\_\_\_ Balance \$ \_\_\_\_\_

Method of Payment: Cash  Cheque  Receipt Issued

Confirmation Sent: Date (MM/DD/YYYY) \_\_\_\_\_ / \_\_\_\_\_ / 2019

**PAYMENT INFORMATION**

Cost is \$150 / week / child.

Cheques only please; made out to FAB Nature Camp.

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

