MARCH BREAK CAMP 2023

- Please note, that spaces are limited;
- Registration forms must be legible and completed in full;
- Forms for multiple children must be attached and submitted together;
- Campers must be registered Eva Rothwell Centre members (forms available online or in-person, Free of Cost);
- Cheques must be attached to registration form(s) and payable to "Eva Rothwell Centre";
- Cheques must be post-dated no later than 2 weeks prior to camp session;

Camper's Name:		Age:
Address:		Postal Code:
Phone:	Birthday:	Gender:
Parent/Guardian:		
Emergency Contac	t (1):	Phone:
Emergency Contac	t (2):	Phone:
Special Information	(Allergies, Medication, Restricted Activ	rities, etc.):
Is your child permitt	ed to go swimming? (Please check one)	Yes: □ No: □
Child's swimming al	bility? Non-swimmer: \square Shallow End: \square	Deep End: □
What Swimmer Lev	el is your child	
		/ PICK-UP INFORMATION n 8 a.m. Late pick-up runs no later than 5:30 p.m.
☐ If other, list rela	•	
1,	, am the	parent/guardian of
Rothwell Centre, rep dependant under my Rothwell Centre. I alkeep all participants guardian of, and und my child/ren and/or oparticipants act apprrewarding success. I risks associated with representatives, and	resentatives and volunteers from all responding guardianship participation in and activities so understand that the supervisors of the pasafe. I take responsibility for all of my action erstand that uncooperative and dangerous dependant's participation in future events a popriately for a safe trip, and the represental agree to let my child/ren and/or dependant participation and hereby release from liabi	to let my child/ren and/or dependant participate in programs through the Eva insibility and liability for injuries or damages resulting from my child/ren and/or of said event, including transportation to and from the program and the Eva program have several participants to supervise, and must have cooperation to ansas well as any actions of child/ren and/or dependants that I am the legal is behaviour will not be tolerated at any time. This may include the exclusion of and or possible transportation home from the event at my own expense. All tives of the Eva Rothwell Centre are working to keep the event a safe and its participate in said programs. I understand the lity the Eva Rothwell Centre and all officials, employees, by the COVID-19 best practices of the Eva Rothwell Centre Camp and divide with all necessary safety precautions.
Si	gnature of Parent/Guardian: Date:	IN OFFICE USE ONLY
Total Week:	x \$40 Total: \$	Total Early Drop-Off/Late Pick-Up: x \$5 Total:
\$	CASH OR POST-DATED CH	EQUES ONLY Grand Total: \$