

MARCH BREAK CAMP 2025

- 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 and/or in-person, Free of Cost);
- Cheques must be attached to the registration form(s) and payable to "Eva Rothwell Centre."
- Cheques must be post-dated no later than 2 weeks prior to the camp session.

Camper's Name: _____ Age: _____
Address: _____ Postal Code: _____
Phone: _____ Birthday: _____ Gender: _____ Parent/
Guardian: _____
Emergency Contact (1): _____ Phone: _____
Emergency Contact (2): _____ Phone: _____
Special Information (Allergies, Medication, Restricted Activities, etc.): _____

Is your child permitted to go swimming? (Please check one) Yes: ☐ No: ☐

Child's swimming ability? Non-swimmer: ☐ Shallow End: ☐ Deep End: ☐

DROP-OFF / PICK-UP INFORMATION

Early drop-off starts no earlier than 8 a.m. | Late pick-up runs no later than 5:30 p.m.

Drop-Off Time (A.M.): _____ Pick-Up Time (P.M.): _____ ☐ Child Leaves Independently
Picked Up By: ☐ Father: _____ ☐ Mother: _____ ☐ Other: _____
Name of Father/Mother/Other Guardian: _____

I, _____, am the parent/guardian of _____
(Print Full Name) (Child/Dependant's Full Name)

and agree to let my child/ren and/or dependant participate in programs through the Eva Rothwell Centre, representatives and volunteers from all responsibility and liability for injuries or damage resulting from my child/ren and/or dependant under my guardianship participation in and activities of said event, including transportation to and from the program at the Eva Rothwell Centre. I also understand that the supervisors of the program have several participants to supervise and must have cooperation to keep all participants safe. I take responsibility for all my actions as well as any actions of child/ren and/or dependants that I am the legal guardian of. I understand that uncooperative and dangerous behaviour will not be tolerated at any time, this may include the exclusion of my child/ren and/or dependant's participation in future events and/or possible transportation from the event at my own expense. All participants act appropriately for a safe trip, and the representatives of the Eva Rothwell Centre are working to keep the event safe and rewarding success. I agree to let my child/ren and/or dependants participate in said programs. I understand the risks associated with participation and hereby release the Eva Rothwell Centre from liability and all officials, employees, representatives, and volunteers thereof. I also agree to abide by the best COVID-19 practices of the Eva Rothwell Centre Camp and will take all precautions to ensure that my child/ren are educated with all necessary safety precautions.

Signature of Parent/Guardian: _____ Date: _____

PHOTO PERMISSION

I grant the Eva Rothwell Centre permission to take and/or use photographs (including still pictures, digital pictures, and video) of my child/ren and/or dependent during programs for promotional purposes including our social media pages, websites, organization brochures and other materials. I will have access to all images of my dependent(s) upon request. I understand that I may withdraw my permission at any given time with written notice.

Signature of Parent/Guardian _____

Date _____

** MUST CANCEL TWO WEEKS PRIOR TO SESSION FOR A FULL REFUND **

IN-OFFICE USE ONLY

Total Week: _____ x \$50.00 / Total: \$ _____
Total Early Drop-Off/Late Pick-Up: _____ x \$10 Total: \$ _____
Grand Total: \$ _____

CASH, DEBIT, CREDIT OR POST-DATED CHEQUES ONLY

Receipt Number: _____ Date: _____
Staff Signature: _____