

## EVA ROTHWELL CENTRE PA DAY CAMP 2025-2026

- Please note, 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 Identity: \_\_\_\_\_  
Parent/Guardian: \_\_\_\_\_  
Emergency Contact (1): \_\_\_\_\_ Phone: \_\_\_\_\_  
Emergency Contact (2): \_\_\_\_\_ Phone: \_\_\_\_\_

### Noted Medical Conditions/Allergies:

Any other information we should know to best support your child? (Behavioural concerns, special accommodations, sensitivities, 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.**

Please select one: ☐ Regular hours (9:00AM-4:00PM) ☐ Extended hours (8:00AM-5:30PM)

Picked Up By: ☐ Father: \_\_\_\_\_ ☐ Mother: \_\_\_\_\_

☐ Other (List names): \_\_\_\_\_

☐ Child Leaves Independently

I, \_\_\_\_\_ am the parent or guardian of \_\_\_\_\_  
(Print Full Name) (Child/Dependent's Full Name)

I agree to let the child/dependent under my guardianship ("my child/dependent") participate in programs through the Eva Rothwell Centre ("ERC"), and their representatives and volunteers. I take responsibility and liability for injuries and/or damages resulting from my child/dependent's participation in any activities, including transportation to and from the program and the ERC. 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 my child/dependent. I understand that uncooperative and dangerous behaviour will not be tolerated at any time. I understand my child/dependent may be excluded from participation in current activities or future activities or events, if necessary, and the child/dependent may be transported home at my own expense. All participants must act appropriately and safely for any trips, and the representatives of the ERC will work to keep the programs and events safe and rewarding. I agree to let my child/dependent participate in said programs. I understand the risks associated with participation and hereby release from liability and fully indemnify the ERC and all officials, employees, representatives, and volunteers thereof.

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/dependent during programs for promotional purposes, including our social media pages, websites, organization brochures and other materials. I will have access to see all images of my dependent 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 \***

## **CAMP WEEKS**

- Friday September 19th, 2025 (Catholic and Public School Boards)
- Friday October 24th, 2025 (Catholic and Public School Boards)
- Friday November 21st, 2025 (Catholic and Public School Boards)
- Friday January 23rd, 2026 (Catholic and Public School Boards)
- Friday March 6th, 2026 (Catholic and Public School Boards)
- Friday April 17th, 2026 (Catholic School Board)
- Friday June 5th, 2026 (Catholic and Public School Boards)

## **IN OFFICE USE ONLY**

Total Days: \_\_\_\_\_ x \$25 Total: \$ \_\_\_\_\_

Total Early Drop-Off/Late Pick-Up: \_\_\_\_\_ x \$5 Total: \$ \_\_\_\_\_

Grand Total: \$ \_\_\_\_\_

**CASH, DEBIT, CREDIT OR POST-DATED CHEQUES ONLY (please circle)**

Receipt Number: \_\_\_\_\_

Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_