



Registration Form

“Well-Rounded, Well-Grounded” A Summer Camp Experience

for Thrift Club Members and Friends, Ages 5 to 15 years, June 28 – August 5, 2011

Ellerslie Secondary School 9:00 am to 3:30 pm Monday to Friday

(Adult Supervision available 7:30 am to 5:30 pm)

A Closing Ceremony is scheduled for Saturday, August 6, 2011

Thrift Club Member? YES NO If Yes, Account No. _____

<hr/> Child's Name	<hr/> Age	<hr/> Date of Birth (d/m/yr)	<hr/> Sex
<u>DETAILS PROVIDED BELOW WILL BE USED AS EMERGENCY CONTACT INFORMATION</u>			

<hr/> Parent's/Guardian's Name	<hr/> Parent's/Guardian's Name
() ()	() ()
<hr/> Home Phone	<hr/> Work Phone
() ()	() ()
<hr/> Mobile	<hr/> Other
() ()	() ()

<hr/> Address	<hr/> Address
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<hr/> Address <small>cont'd</small>	<hr/> Address <small>cont'd</small>
<i>Provide details below. Include diet restrictions, existing illnesses, allergies, special needs, et cetera.</i>	

Hospital/Clinic Preference

Physician's Name	Address	Phone Number
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The School Work Assistance Programme is an optional activity. If your child will participate, please indicate subject choices: Mathematics English Both Not participating Additional charges will apply. Call 430-5200 for further details.

Information & Authorization

I hereby give permission for my child/ward to go on scheduled field trips and tours. I release the BPWCCUL and Camp Facilitators from liability in case of accident during activities related to the BPWCCUL Summer Camp 2011, as long as normal safety procedures have been taken. I also note that in some instances fees related to transportation and admission may be required; my payment of these fees will further represent my granting of permission.

Parent's/Guardian's Signature	Date
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At the start of camp, please request a schedule of offsite field trips and tours from the Camp Director.

FOR OFFICIAL USE ONLY (PAYMENT DETAILS)

Receipt # _____ Payment Date _____ Paid at: Credit Union Camp Venue

Primary Member Camper (\$225) Additional Member Camper (\$180) Non-Member Camper (\$250)