



Town of

**CORNWALL**

so much to offer...

# ALL ABOUT GAMES REGISTRATION FORM DUE MARCH 19, 2018

## FAMILY INFORMATION

Family Name: \_\_\_\_\_ Email: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Parent/Guardian 1 Name: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Parent/Guardian 2 Name: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

## CAMPER 1 INFORMATION

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Medical/Behavioural Conditions, Allergies: \_\_\_\_\_

Favorite Games/Activities: \_\_\_\_\_ Grade: \_\_\_\_\_

## CAMPER 2 INFORMATION

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Medical/Behavioural Conditions, Allergies: \_\_\_\_\_

Favorite Games/Activities: \_\_\_\_\_ Grade: \_\_\_\_\_

## CAMP SELECTION (See attached for full camp descriptions and schedules)

Please X your selection in the column on the right

Camper 1 Name:			Camper 2 Name:		
<b>ALL ABOUT GAMES March Break Camp @ Civic Center – Ages 5-10</b>			<b>ALL ABOUT GAMES March Break Camp @ Civic Center – Ages 5-10</b>		
\$100/\$125 per Week *\$75/Week	<b>Full Week</b>		\$100/\$125 per Week *\$75/Week	<b>Full Week</b>	
*\$30/Day *\$25/Day  *Rate applies to full time Cornwall After School Campers	Monday		*\$30/Day *\$25/Day  *Rate applies to full time Cornwall After School Campers	Monday	
	Tuesday			Tuesday	
	Wednesday			Wednesday	
	Thursday			Thursday	
	Tuesday			Tuesday	
Yes! I want to opt in for the lunch program \$25/week			Yes! I want to opt in for the lunch program \$25/week		

## CONDITIONS OF ENROLLMENT

I/We agree to allow my child(ren) to participate in all camp activities. I/We give camp officials authority to act on my/our behalf in case of an emergency. I/We agree to release Town of Cornwall from any and all claims for damages arising as a result of any accident, injury or otherwise sustained from participation in camp activities. I/We confirm the above information is correct and understand I will be billed accordingly. I/We have read, understand and agree with the conditions of enrollment above.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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# ON THE MOVE SURVIVOR SERIES

## REGISTRATION FORM

**Due Date: March 19, 2018**

### FAMILY INFORMATION

Family Name: \_\_\_\_\_ Email: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Parent/Guardian 1 Name: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Parent/Guardian 2 Name: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

### CAMPER 1 INFORMATION

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Medical/Behavioural Conditions, Allergies: \_\_\_\_\_

Favorite Games/Activities: \_\_\_\_\_ Grade: \_\_\_\_\_

### CAMPER 2 INFORMATION

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Medical/Behavioural Conditions, Allergies: \_\_\_\_\_

Favorite Games/Activities: \_\_\_\_\_ Grade: \_\_\_\_\_

### CAMP SELECTION (See attached for full camp descriptions and schedules)

Please X your selection in the column on the right

Camper 1 Name:		Camper 2 Name:	
<b>On the Move Survivor Series March Break Camp @ West River United Church – Ages 10 -14</b>		<b>On the Move Survivor Series March Break Camp @ West River United Church – Ages 10 -14</b>	
\$125.00/ per Week * 90/week	Full Week	\$125.00/ per Week * 90/week	Full Week
\$ 35.00 / day * \$ 35.00/day *Rate applies to full time Cornwall After School Campers ONLY	Monday	\$ 35.00 / day * \$ 35.00/day *Rate applies to full time Cornwall After School Campers ONLY	Monday
	Tuesday		Tuesday
	Wednesday		Wednesday
	Thursday		Thursday
Yes! I want to opt in for the lunch program \$25/week		Yes! I want to opt in for the lunch program \$25/week	

### CONDITIONS OF ENROLLMENT

I/We agree to allow my child(ren) to participate in all camp activities. I/We give camp officials authority to act on my/our behalf in case of an emergency. I/We agree to release Town of Cornwall from all claims for damages arising as a result of any accident, injury or otherwise sustained from participation in camp activities. I/We confirm the above information is correct and understand I will be billed accordingly. I/We have read, understand and agree with the conditions of enrollment above.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_