



# Township of Algonquin Highlands

1051 Main Street, Box 99 • Dorset, ON P0A 1E0 • Tel: (705)766-9968 • Fax: (705) 766-9688

## DORSET DAY CAMP - 2018 REGISTRATION FORM

Child's Name: \_\_\_\_\_

Child's Birthdate: \_\_\_\_\_ Health Card #: \_\_\_\_\_

Parent/Guardian Names: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cottage Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Cottage Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Medications: \_\_\_\_\_

Special Needs: \_\_\_\_\_

Fill in the days you would like your child to attend camp on the chart to the right, by inserting:

(M) morning half day  
(A) afternoon half day  
(F) for full day

Please ask about our Sibling discount.

Weeks of Camp	Days Attending					For Office Use Only
	Mon.	Tue.	Wed.	Thur.	Fri.	
July 3 - 6, 2018						
July 9 - 13, 2018						
July 16 - 20, 2018						
July 23 - 27, 2018						
July 30 - August 3, 2018						
August 6 - 10, 2018						
August 13 - 17, 2018						
August 20 - 24, 2018						

Half Day (8:30 - 12:30)	Half Day (12:30 - 4:30)	Daily	Weekly	Monthly
\$ 14.04	\$ 14.04	\$ 20.80	\$ 93.60	\$ 336.96

I, \_\_\_\_\_ hereby give permission for \_\_\_\_\_ to actively participate in the full range of programs and activities provided by the Algonquin Highlands Recreation Department. I authorize the Recreation Coordinator and his/her staff, in the event of an accident, injury or illness affecting the above named child, to authorize on my behalf all medical and other procedures, including admission to hospital and all other necessary treatment, as he/she may deem essential for the care and well-being of the said child. Such action is to be taken only when immediate contact with the undersigned cannot be made. I also agree to hold harmless the Township of Algonquin Highlands, its principals, representatives and employees from all claims for any and all injuries sustained while the above named child is participating in activities at any of the Township of Algonquin Highlands facilities I have received a copy of the parent handbook and will review the policies as outlined within.

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