

Summer Program Application: Ages 12-15

Participant:
 Name _____
 Age _____ Gender _____ Grade _____
 School _____
 Date of Birth (MM/DD/YR) _____
 Street _____
 City _____
 Province: _____ Postal Code: _____
 Provincial Health Card number: _____
 Expiry: _____

Program(s) you are attending:
 Registration Fees \$100.00/week, shortened weeks are \$75

<input type="checkbox"/> Build and Create Leaders (\$75) July 4 th -7 th , 2017	<input type="checkbox"/> Wheels Leadership July 10 th -14 th , 2017
<input type="checkbox"/> Girls Unite July 17 th -21 st , 2017	<input type="checkbox"/> Film Entrepreneurs July 24 th -28 th , 2017
<input type="checkbox"/> Outdoor Leaders July 31 st -August 4 th , 2017	<input type="checkbox"/> Active Leaders (\$75) August 8 th -11 th , 2017
<input type="checkbox"/> Photography Course August 14 th - 18 th , 2017	<input type="checkbox"/> Photography Course August 21 st -25 th , 2017

Guardian(s): Contact Information:

Guardian 1 Name: _____
 Home Telephone () _____
 Business Telephone () _____
 Cellular Telephone () _____
 Email: _____
 Relationship: _____

Guardian 2 Name: _____
 Home Telephone () _____
 Business Telephone () _____
 Cellular Telephone () _____
 Email: _____
 Relationship: _____

Lunch Program:
 This summer we are offering a healthy lunch program for our campers. The cost is \$5 per day. If you would like your child to participate in this program, please fill out a lunch order form

Per Day Fee:
 If your child plans on attending camp on a per day basis, it is \$25 per day. Please check the days you plan on attending camp if you are only coming selective days:

Mon: ___ Tues: ___ Wed: ___ Thurs: ___ Fri: ___ **Total:** _____

Day Camp Hours Info:
 Youth Camp runs Monday-Friday from 10:00am-4:00pm.



Emergency Contact Information:
 Please provide the name and phone number of a person who may be contacted in an emergency.

My child had permission to come to and from programming on their own Yes ___ No ___

Emergency contact: _____ Phone: _____

Family Doctor's Name _____ Phone: _____

Please provide the names and relation of individuals that have permission to pick up your child.

Name: _____ Relation: _____, Name: _____ Relation: _____

Name: _____ Relation: _____, Name: _____ Relation: _____

Parent/ Guardian Signature: _____ Date: _____

Kentville Parks and Recreation Fee Structure:

Kentville Parks and Recreation would like to provide much needed financial support for children and families who are unable to afford the full cost of participation in our programs. If you would like to make a voluntary donation to the Spike Fund, please indicate below the amount. If you wish to speak to someone about your payment options, please contact Karlee in the office at recintern@kentville.ca or (902) 679-2556

Total Camp Cost: _____

Optional Spike Fund Donation: _____

Total Payment: _____

Payment Type- I wish to pay the amount indicated above using the following method:

- Cheque**
- Cash**

Please make cheques payable to **Town of Kentville**.

- I live in the Town of Kentville
- I live outside the Town of Kentville

We endeavor to make our programs safe and enjoyable, inclusive and beneficial to all participants. The information you provide here will help us in achieving these goals. Describe any circumstances that may create barriers to your child’s participation that we may be able to help overcome. Please be as specific as possible.

Describe any allergy, medical, behavioral, learning, developmental, dietary, and/or social-emotional needs of the participant. Please provide as much detail as possible; this helps our staff to be better prepared to meet the child’s needs. Attach additional sheets if required.

TERMS AND CONDITIONS

Registration is not complete unless payment is made in full, or a post-dated cheque has been received and the registration form completed and the waiver form signed. The Town applies a charge of \$20.00 to any cheques returned NSF.

To secure a spot for any Camp session payments a post-dated cheque may be used, however cheques must be post-dated **for the Monday of the week** prior to the session being booked. Each child and must be registered and paid for on the first day of each week.

Release of Liability

I understand that although safety will be a priority, parts of the program may be physically or emotionally challenging. I recognize the inherent risk of injury in recreation activities. I understand that each participant must assume the risk of injury that could result from any of these activities. I release the Town of Kentville and its staff members from all liability for any injury to my child from participating in the summer program activities. The Town of Kentville has the right to remove any child if the child has proven to be a hindrance to the safety and/or operation of the program.

To the best of my knowledge _____ is in good physical condition (except as noted previously) and capable of participating in an active program. Authority is granted for him/her to receive emergency medical treatment as deemed appropriate. (In the event of an emergency, you will be contacted immediately!)

Refund Policy

There will be an administration fee of \$10.00 for each cancellation and/or refund processed by the Town of Kentville. Refunds will only be provided if a child has taken part in 2.5 days or less in any given camp for reasons unforeseeable and unplanned. In such cases, up to half the registration fee minus the \$10.00 administration fee may be refunded. Refunds must be requested through the Kentville Parks and Recreation Department and take 7-14 days to be processed. Refunds will only be issued to persons named on the registration form, and will be given in the form of a cheque.

Signature of Parent/Guardian (or participant 19 years or older)

Date

I give permission for my child’s picture to be taken and that videos and/or photos of my child participating in Kentville Recreational Programs may be used in the future for promotional materials. Yes ___ No ___ Please sign _____