

2020 Summer Camp Registration

Growing Up Wild: Day camp for children **ages 4 and 5**. These are half day camps.

Nature Explorers: Day camp for children **ages 6 - 9**, with the option of full days or half days.

Hiking Adventure Camp: Off-site hiking camp for children **ages 10 – 12**, full days only (9:00 am – 2:00 pm).

Half Day: 9:00 am – 12:00 pm

Full Day: 9:00 am – 3:00 pm

Early drop-off: 8:30 am (additional \$5.00 per child)

Late pick-up: 3:30 pm (additional \$5.00 per child)

*Your spot in camp is not secure until a completed **registration form** and full payment are received. Cancellations made with at least one-week notice may be eligible for a full refund.*

Please select from the options below:

Growing Up Wild: July 14 - 16 Half Day: Early Drop-off: Late pick-up:
Name of Child(ren): _____ Age(s): _____
Notes: _____

Growing Up Wild: July 28 - 30 Half Day: Early Drop-off: Late pick-up:
Name of Child(ren): _____ Age(s): _____
Notes: _____

Growing Up Wild: August 11 – 13 Half Day: Early Drop-off: Late pick-up:
Name of Child(ren): _____ Age(s): _____
Notes: _____

Growing Up Wild: Aug 25 - 27 Half Day: Early Drop-off: Late pick-up:
Name of Child(ren): _____ Age(s): _____
Notes: _____

Nature Explorers: July 7 - 9 Half Day: Full Day: Early Drop-off: Late pick-up:
Name of Child(ren): _____ Age(s): _____
Notes: _____

Nature Explorers: July 21 - 23 Half Day: Full Day: Early Drop-off: Late pick-up:
Name of Child(ren): _____ Age(s): _____
Notes: _____

Nature Explorers: Aug 4 - 6 Half Day: Full Day: Early Drop-off: Late pick-up:
Name of Child(ren): _____ Age(s): _____
Notes: _____

Nature Explorers: Aug 18 - 20

Half Day:

Full Day:

Early Drop-off:

Late pick-up:

Name of Child(ren): _____ Age(s): _____

Notes: _____

Hiking Adventure Camp: July 28 – 30

Full Day:

Name of Child(ren): _____ Age(s): _____

Notes: _____

Important information about your child(ren), e.g. Allergies or medical conditions:

Parent's Name: _____

Address: _____

Phone: _____ Cell: _____

Email: _____

Member? Yes No

Payment Received: Yes No

Consent for Emergency Care

Emergency Contact: _____ Relationship: _____

Phone: (Cell) _____ (Home) _____ (Work) _____

Alternate Emergency Contact: _____ Relationship: _____

Phone: (Cell) _____ (Home) _____ (Work) _____

Provincial Health Care Number:

Child: _____ Card Number: _____ Age: _____

Child: _____ Card Number: _____ Age: _____

Child: _____ Card Number: _____ Age: _____

Child: _____ Card Number: _____ Age: _____

Parent or Legal Guardian Consent

Names of Minor Children:

1. _____ Age: _____

2. _____ Age: _____

3. _____ Age: _____

4. _____ Age: _____

(each a “**Minor**” and collectively, the “**Minors**”).

1. **ASSUMPTION OF RISKS.** I am aware that participation in activities, events or services provided, arranged or organized by Allan Brooks Nature Centre (“**Activities**”) involves inherent risks, dangers and hazards, including potential property damage and personal injury. I hereby irrevocably and unconditionally accept and assume, on behalf of myself and the Minor(s), all such risks, dangers and hazards, including property damage and personal injury, in connection with the participation of the Minor(s) in the Activities. I confirm that I have disclosed all relevant information about the allergies and medical conditions of the Minor(s) to ABNC.

2. **RELEASE OF LIABILITY.** I hereby, irrevocably and unconditionally release and forever discharge, on behalf of myself and the Minor(s), Allan Brooks Nature Centre and its directors, officers, employees, agents, volunteers, independent contractors, representatives, successors and assigns (collectively, “**ABNC**”) from any and all actions, causes of action, claims, demands, obligations, liabilities, losses, expenses, costs and damages, whether absolute or contingent and of any nature whatsoever, which I and/or any Minor, now has or hereafter can, shall or may have, arising, directly or indirectly, out of or in connection with the participation of the Minor(s) in the Activities, including in respect of negligence, breach of contract, breach of any statutory or other duty of care or the failure on the part of ABNC to take reasonable steps to safeguard or protect the Minor(s).

3. **GENERAL.** I expressly acknowledge and agree that this Release is intended to bind me, any other parent, guardian or legal representative of each Minor, and each Minor and be binding upon each of our heirs, administrators, assigns and representatives in the event of death or incapacity.

I, the undersigned parent and/or legal guardian of the Minor(s), affirm that I am freely signing this Release. I have read this Release and fully understand that by signing this Release I am giving up legal rights and/or remedies which may otherwise be available to me and the Minor(s) in respect of any losses that we may sustain as a result of the participation of the Minor(s) in the Activities.

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Date: _____

Permission to Photograph Form

I hereby grant to ABNC the right to use the name, photograph and recording (video or otherwise) of each Minor, at any time, and from time to time, for the purpose of advertising, publicity, and for promotion of ABNC and the Activities in any manner of media without compensation or advance notice.

Name of child: _____

Name of child: _____

Name of child: _____

Name of child: _____

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____