

SUMMER CAMP

Registration

Child's Full Name _____ Age _____ D.O.B _____ Allergies _____

2nd Child (if applicable) _____ Age _____ D.O.B _____ Allergies _____

Full Address _____ Parent/Guardian Full Name _____

Emergency Contact Name _____ Emergency Contact Number _____

I give permission for my child(ren), _____, to participate in camp for the week(s) of _____, _____, _____, _____, at HOPEFORYOU OR for the month of _____

For health or personal reason, I do not wish for my child to participate in the following activities. Please list; _____
_____ please use additional space if needed.

Full name Signature Date

SUMMER CAMP



By signing this form you are giving **HopeForYou** the permission to proceed with all the necessary (safe) activities i.e. painting, water games, face painting, bringing of special guest, field-trips in daycare transportation, necessary trips in order to full fill the theme of each week. Parents will be provided with further details by email about trips and to request booster seats when needed. Please let us know before you sign if you have any concern or question. Unlike most camps, our focus is to provide a stress-free and hassle-free process for parents. Therefore, we provide full breakfast, lunch and 2 snacks daily. We take the necessary precautions to keep our kids safe; all meals are NUT-FREE, please remember that we are a **nut-free** environment.

Payment and fees

Fees are \$225+ taxes per week (**non-refundable**)

Enclosed is my fee of _____ for the following week (s) of care.

Please check the appropriate boxes.

week 1 week 2 week 3 week 4 week 5 week 6 week 7 Week 8 week 9

Payments can be made by cheque, cash or Interac E-transfer can be sent to hfyaccounting@hopeforyou.ca

Items needed if available: swim suit, towels, extra clothing, hats, sun-screen, water bottle, etc. you may be asked to bring special items as needed.

Full name

Signature

Date



Release and Waiver

Assumption of risk release and waiver of liability indemnity agreement in consideration of being allowed to enter and/or participate in our activities at HopeForYou. The undersigned, acknowledges, appreciate and agree to the following: I understand HFY is committed to providing supervision and monitoring to our children; however, playground equipment can be dangerous and result in serious injury to children. I understand the nature of activities and represent my child/children to be in proper physical condition to participate in activities. I understand that these activities may involve serious bodily injury which may be cause by my child's own actions or of other participants. I hereby knowingly voluntarily assume all risk including presently unknown or unforeseeable risks. The undersigned on his or her behalf and on behalf of any executors, heirs, successors and assigns, hereby releases, discharges, and holds harmless any authorized entity doing business as HopeForYou including its officers, agents, employees, representatives, and all affiliates, from any and all claims, damages, or liability arising from death, disability, personal injury, property damage, or any kind of action;

******* READ BEFORE SIGNING *******

Parent/Guardian Acknowledgment

The undersigned parent and/or guardian does hereby represent that he/she is, in truth, acting in such capacity and agrees to save and hold harmless and indemnify each and all of the parties referred to above of all liability, loss, cost, claim, or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to so act, and releases said parties on behalf of the minor and the parents or legal guardian.

Parent/Guardian Full name

Signature

Date