



SUMMER CAMP 2026

	Hour	Weekly (5 Days)	Weekly (4 Days)	Daily
Full Day	9am	\$295	\$236	\$65
Half Day - AM	9am	\$210	\$168	\$50
Half Day - PM	1pm	\$210	\$168	\$50
Before Care	8am	-	-	\$20/hour
After Care	4pm	-	-	\$20/hour

Participant:

Participant Last Name: _____ Participant First Name: _____ Date of Birth: _____
 MM _____ DD _____ YR _____ Age: _____ Sex: M or F
 Special Needs/Allergies/Medications: _____

Parent/Guardian & Emergency Contact:

Parent/Guardian Last Name: _____ Parent/Guardian First Name: _____ Address: _____
 _____ Apt. # _____ City: _____ Postal Code: _____ Home Phone: _____
 _____ Cell Phone: _____ Email Address: _____
 _____ Emergency Contact Name: _____
 _____ Emergency Contact Phone: _____
 How did you hear about us? _____

	Dates	Full/Half Day	M	T	W	T	F	Rate	BC/AC	Subtotal	Total	Paid
1	June 29 th - July 3 th (4 days)	<input type="checkbox"/> Full <input type="checkbox"/> AM <input type="checkbox"/> PM										
2	July 6 th - 10 th	<input type="checkbox"/> Full <input type="checkbox"/> AM <input type="checkbox"/> PM										
3	July 13 th - 17 th	<input type="checkbox"/> Full <input type="checkbox"/> AM <input type="checkbox"/> PM										
4	July 20 st - 24 th	<input type="checkbox"/> Full <input type="checkbox"/> AM <input type="checkbox"/> PM										
5	July 27 th - 31 st	<input type="checkbox"/> Full <input type="checkbox"/> AM <input type="checkbox"/> PM										
6	Aug 3 th - 7 th (4 days)	<input type="checkbox"/> Full <input type="checkbox"/> AM <input type="checkbox"/> PM										
7	Aug 10 th - 14 th	<input type="checkbox"/> Full <input type="checkbox"/> AM <input type="checkbox"/> PM										
8	Aug 17 th - 21 st	<input type="checkbox"/> Full <input type="checkbox"/> AM <input type="checkbox"/> PM										
9	Aug 24 - 28 th	<input type="checkbox"/> Full <input type="checkbox"/> AM <input type="checkbox"/> PM										
10	Aug 31 st - Sept 4 th	<input type="checkbox"/> Full <input type="checkbox"/> AM <input type="checkbox"/> PM										

Credit Card # _____ Exp. _____ Cvv _____

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READ BEFORE SIGNING

WARRANTY AND CONSENT OF PARENT/GUARDIAN ASSUMPTION OF RISK

RELEASE AND WAIVER OF LIABILITY INDEMNITY AGREEMENT

IN CONSIDERATION of allowing my minor child/ward to participate in the programme, related events and activities of the 2024 Summer Camp.

I WARRANT TO YOU THAT:

1. I am a parent/guardian having full legal responsibility for decisions regarding my minor child/ward, and
2. I am familiar with the risk of serious injury and death which any participant in this programme must assume, and
3. I believe that my minor child/ward is physically, emotionally and mentally able to participate in this programme, and that his/her equipment is mechanically fit for his/ her use in this programme, and
4. I understand, and will instruct my minor child/ward, that all applicable rules for participation must be followed and that at all times the sole responsibility for personal safety remains with my minor child/ward, and
5. I will immediately remove my minor child/ward from participation, and notify the nearest official, if at any time I sense or observe any unusual hazard or unsafe condition or if I feel that my minor child/ward has experienced any deterioration in his/her physical, emotional or mental fitness for continued participation in the programme.

I UNDERSTAND AND AGREE, ON BEHALF OF MY MINOR CHILD/WARD, MYSELF, MY HEIRS, ASSIGNS, PERSONAL REPRESENTATIVES AND NEXT OF KIN, THAT MY EXECUTION OF THIS DOCUMENT CONSTITUTES:

1. an unqualified ASSUMPTION OF ALL RISKS associated with participation in this programme by my minor child/ward even if arising from negligence, or gross negligence, including any compounding or aggravation of injuries caused by negligent rescue operations or procedures, of the programme organizer and any persons associated therewith or participating therein, and
2. a FULL AND FINAL RELEASE AND WAIVER OF LIABILITY of the programme organizer and all persons and organizations associated with it and the programme including, without limiting the generality of the foregoing, its officers, directors, officials, agents and/or employees, other participants, sponsors, advertisers, owners and/ or lessors of the premises used to conduct the programme, sanctioning bodies, medical or rescue personnel (the RELEASEES), of and from with the respect to all injury, disability, death or loss or damage to person or property whether arising from the negligence, or negligent rescue of or by the foregoing or otherwise, and
3. an UNDERSTANDING NOT TO SUE the RELEASEES for any loss, injury, costs or damages of any form or type, howsoever caused or arising, and whether directly or indirectly from the participation of my minor child/ward in the programme, and
4. an AGREEMENT TO INDEMNIFY, and to SAVE and HOLD HARMLESS the RELEASEES, and each of them, from any litigation expense, legal fees, liability, damage, award or cost, of any form or type whatsoever, they may incur due to any claim made against them or any one of them whether the claim is based on the negligence or the gross negligence of the RELEASEES or otherwise.

I HAVE READ THIS DOCUMENT THOROUGHLY.

I UNDERSTAND THAT THE RELEASEES ARE RELYING UPON MY WARRANTIES, ASSUMPTIONS, WAIVER AND RELEASE, UNDERTAKINGS AND AGREEMENTS WHEN ACCEPTING MY MINOR CHILD'S/WARD'S PARTICIPATION IN THIS PROGRAMME.

I UNDERSTAND THAT BY SIGNING THIS DOCUMENT I GIVE UP SUBSTANTIAL LEGAL RIGHTS I AND/ OR MY MINOR CHILD/WARD WOULD OTHERWISE HAVE. I SIGN THIS DOCUMENT VOLUNTARILY AND WITHOUT INDUCEMENT.

SIGNATURE OF PARENT/GUARDIAN _____

printed name of parent/guardian _____

SIGNATURE OF WITNESS _____

printed name of witness _____

DATE _____

AGE OF MINOR _____