KING

ONE FORM PER PARTICIPANT

SUMMER CAMP 2023 REGISTRATION FORM

ADULT / PARENT / GUARDIAN INFORMATION	
Last Name:	**First Name:**
Address:	**P.O. Box #**
City:	**Postal Code:**
Home Phone Number:	**Cell Phone Number:**
Business Phone Number:	**Email Address:**
Emergency Contact:	**Emergency Contact Number:**
PARTICIPANT INFORMATION	
Last Name:	**First Name:**
Birth Date (DD/MM/YYYY):	**Gender:**

CAMP SESSIONS									
Week 1	*Jul 4-Jul 7 (4-day wk)	**Week 2**	Jul 10-Jul 14	**Week 3**	Jul 17-Jul 21	**Week 4**	Jul 24-Jul 28	**Week 5**	Jul 31-Aug 4
Week 6	*Aug 8-Aug 11 (4-day wk)	**Week 7**	Aug 14-Aug 18	**Week 8**	Aug 21-Aug 25	**Week 9**	Aug 28-Sep 1	For Camp Locations, Codes and Refund Policy, see the Summer Camp Guide!	

Session	Camp Name	Camp Code	Camp Location	Fee
1				$
2				$
3				$
4				$
5				$
6				$
7				$
8				$
9				$
			Total:	$

TERMS AND CONDITIONS

This waiver must be signed in order for this registration application to be processed:

COLLECTION OF PERSONAL INFORMATION - I acknowledge that the personal information on this form is collected under the authority of the Municipal Act, 2001, S.O. 2001 c.M. 25. On behalf of myself and all participants listed above, I give permission to The Community Services Department or its representatives and volunteers to administer the Township's Community Services Department programs, including but not limited to processing this registration form, collecting fees, assigning participants to various programs and recording any medical information (if required).

MEDICAL AUTHORIZATION - On behalf of myself and all participants listed above, I give permission to the Township to arrange for emergency medical care including but not limited to hospitalization and /or transportation to a local doctor or hospital for medical treatment if necessary, and I consent on behalf of myself and the participants listed below, to the administration of such medical treatment, at my own expense.

WAIVER OF LIABILITY AND RELEASE OF CLAIMS - I recognize that participation in the program/activity for which I have registered may include a risk to health or a risk of injury. I, on behalf of myself and the participant(s), hereby willingly assume such health risk or risk of injury, and assume full responsibility before, during and after my/their participation in the program/activity. I hereby release, discharge, indemnify and hold harmless the Township of King, and its elected officials, officers, employees, agents, representatives, volunteers and other participants (The "Township Indemnitees") from all liability, claims, demands, losses, damages, costs, actions and other proceedings whatsoever, in respect of death, injury, loss or damage to myself or the Participants, or my/their property, howsoever caused, except to the extent caused by or attributable to the negligent or intentional acts of the Township Indemnities, resulting from or connected with participation in any program/activity contemplated by this Registration. I hereby further agree that the Township, its staff, volunteers and other participants, shall not be liable, either directly or indirectly, for any claims, or any damages, costs and expenses respecting any act done in good faith, including but not limited to personal injury, death, property damage or loss resulting from or in connection with participation in any activity contemplated by this Registration, whether or not such injury, damage or loss occurred as a result of any negligence, negligent misrepresentation or breach of statutory duty and/or breach of contract on the part of the Township, its staff, volunteers and other participants. By registering in a program, I agree to medical attention and accept inherent risks associated with the program. My signature also indicates consent for bus trips, off site trips and use of photographs taken by the media. I have had the opportunity to review the terms of this waiver with legal counsel and have had the opportunity to ask Township staff for clarification of any terms I do not understand.

Signature:	**Date:**

OFFICE USE ONLY	
Date Received:	**Payment Method:**
Processed By:	☐ Cash ☐ Cheque ☐ Account Credit/Gift Card ☐ AMEX
Date Processed:	☐ MasterCard ☐ Visa ☐ PLAY ☐ CAP