



ADVENTURE VALLEY™ – SUMMER DAY CAMP

7015 Leslie Street
Thornhill, ON, L3T 6L6

www.adventurevalley.ca

905-731-CAMP(2267)

Family Registration Form

One of these forms is to be completed for **each family** and one "Camper Information Form" for **each individual camper**

Camper 1: First Name: _____ Last Name: _____
Camper 2: First Name: _____ Last Name: _____
Camper 3: First Name: _____ Last Name: _____
Camper 4: First Name: _____ Last Name: _____

REGISTRATION:

Please check **one** option for each camper attending camp:

Camper	Half-Day						General Camp						Tennis Camp <i>Completing grades 3-8</i>						Leadership Camp <i>Completing grades 8/9</i>		
	4wks July	4wks Aug	8wks July & Aug	6wks July 3- Aug 10	2wks July 30	2wks Aug 13	4 wks July	4 wks Aug	8 wks July & Aug	6 wks July 3- Aug 10	2wks July 30	2wks Aug 13	4 wks July	4 wks Aug	8 wks July & Aug	6 wks July 3- Aug 10	2wks July 30	2wks Aug 13	4 wks July	4 wks Aug	8 wks July & Aug
1																					
2																					
3																					
4																					

☐ Yes, our family is interested in more details about registering for the **Summer Weekend Family Tennis and Swim Club**

How we heard about Adventure Valley™:

☐ Referred by: _____
☐ Advertising: _____

FAMILY INFORMATION:

Father/Legal Guardian <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. Full Name: _____ Occupation: _____ Home #: () _____ Work #: () _____ Cell #: () _____ Email: _____ Home Address: _____ _____	Mother/Legal Guardian <input type="checkbox"/> Dr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. Full Name: _____ Occupation: _____ Home #: () _____ Work #: () _____ Cell #: () _____ Email: _____ Home Address: _____ _____
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Parents are: ☐ Married ☐ Separated ☐ Divorced ☐ Single

Are there step-parents? If so, what are their names? _____

Camp information should be sent to: ☐ Father ☐ Mother ☐ Both

Are there any restrictions on either Parents'/Legal Guardians' access/custody? ☐ Yes ☐ No

If yes, please attach a letter outlining all the relevant details and documentation.

EMERGENCY CONTACTS:

If Parents/Guardians cannot be reached in an emergency, please contact the following individuals:

	Name	Relationship to Camper(s)	Contact Phone	Additional Phone
1				
2				
3				
4				

TRANSPORTATION INFORMATION:

Please Check **One** Option:

- ☐ **YES**, the camper(s) will take the bus to and from camp in the AM and PM
- ☐ **NO**, the camper(s) will **NOT** require bus transportation (deduct \$50/camper/week from camp fees)
- ☐ The camper(s) will be driven by car to camp and **only require PM bus** transportation
- ☐ The camper(s) will **require AM bus** transportation and will be picked up by car at camp

Address for pick-up/drop-off: _____

Major Intersection: _____ & _____

Our boundaries for camp transportation are from **Keele to Victoria Park** and from **Elgin Mills to St Clair**.

In order to receive door-to-door service, you MUST live within our transportation boundaries.

If sufficient demand exists, these boundaries may be expanded.

Do you live within our boundaries for door-to-door transportation? ☐ Yes ☐ No

If not, please call the Camp to discuss other options for transportation (ie. expanding our boundaries, agreeing on a meeting point within our boundaries)

If not using bus transportation, I give permission for AV to share my contact information (names, address, telephone numbers, email address, session dates) with other consenting parents for the purpose of carpooling.

☐ Yes ☐ No ☐ N/A

Please be advised that any carpool arrangements are the sole responsibility of the Parents and are made independent of AV. AV will not assume any responsibility or liability for the arrangements that are made. We will require written authorization from you in order for us to release your child to your established carpool members.

The herein named camper(s) may be released from the camp bus and/or camp personnel, to the Parents, the above-mentioned emergency contacts, and the following individuals (babysitter, nanny, grandparents, siblings, neighbours, etc.):

	Name	Relationship to Camper	Contact Phone	Additional Phone
1				
2				
3				
4				

CONDITIONS FOR ACCEPTANCE OF APPLICATION AT ADVENTURE VALLEY™

Your Agreement To Accept ALL Of The Following Conditions Is Necessary In Order For Your Application To Be Accepted At Adventure Valley™ (AV):

- I confirm that I have the **necessary legal authority** to make decisions on behalf of the herein named camper(s).
- I have **read, understand, and agree to abide by** all of the **Terms & Conditions of Enrollment** including those of the Fee Schedule. **Please note** - these important terms and conditions are detailed in a separate document.
- I **give the camp officials permission** in case of an emergency, to take any such actions as they reasonably deem necessary on behalf of the herein named camper(s) including but not limited to providing or arranging for medical care. I shall be responsible for all transportation, hospital, medical and medication charges incurred.
- I agree to **hold harmless, release and indemnify** AV, its officers, employees, and agents for and from any and all liability, claims, expenses, demands, fees, judgments and/or damages arising directly or indirectly as a result of any accident, injury, or otherwise sustained by the herein named camper(s) arising from participation in any camp activities or programs, or at any time the herein named camper(s) is/are on the premises of AV, neighboring properties and parks used by AV, camp buses, and other camps, **save and except claims arising out of the sole willful misconduct or negligence of AV.**

Parent's / Legal Guardian's Signature: _____ Date: _____