



AFTER-CAMP SWIM LESSONS REGISTRATION FORM

905-731-CAMP (2267)
Fax: 905-731-2268

Family Information:

Family Name: _____ Home Phone: _____ Email: _____

Address: _____ City: _____ Postal Code: _____

Parent/Guardian #1: Name: _____ Work # _____ Cell: _____

Parent/Guardian #2: Name: _____ Work # _____ Cell: _____

Emergency Contact: Name: _____ Relation: _____ Phone: _____

Participant 1:

Full Name: _____ Gender: M F DOB: _____

Age: _____ School: _____ Grade: _____

Health Card # _____

Last Level Completed: _____ Swim Program of last level: _____

Participant 2:

Full Name: _____ Gender: M F DOB: _____

Age: _____ School: _____ Grade: _____

Health Card # _____

Last Level Completed: _____ Swim Program of last level: _____

Class Registration

Day(s) of Class: ☐ Tuesday ☐ Wednesday ☐ Thursday

Time of class: ☐ 4:00-4:30 ☐ 4:30-5:00 ☐ 5:00-5:30 ☐ 5:30-6:00

Payment Information:

Program Fee Subtotal: _____
Add GST (6%): _____
TOTAL Amount Due: _____

Payment Options: ☐ VISA
☐ MasterCard
☐ Cash
☐ Cheque

CARD # _____ Expiry: _____

Cardholder Name: _____ Signature: _____

PROGRAMS FOR CHILDREN/TEENS TERMS AND CONDITIONS FOR ACCEPTANCE OF APPLICATION AT ADVENTURE VALLEY™ (AV)

Authority - I confirm that I have the necessary legal authority to make decisions on behalf of the herein named participant.
Information—I acknowledge that all information provided is true and complete.

Publicity— I agree that photographs, digital photographs, videos and new media of the participant and/or his/her family members may be used and/or reprinted by AV for advertising and promotional purposes.

Medical— I give AV permission in case of an emergency, to take any such actions as they reasonably deem necessary on behalf of the herein named participant including but not limited to providing or arranging for medical care. I shall be responsible for all transportation, hospital, medical and medication charges incurred.

Food - I give permission for participant to consume all meals and snacks provided by AV, subject to any health conditions and/or dietary restrictions identified in writing upon registration.

Release— 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 participant arising from participation in any activities or programs, or at any time the herein named participant is on the premises of AV, neighboring properties and parks used by AV, and buses, save and except claims arising out of the sole willful misconduct or negligence of AV.

Make-up Policy— I acknowledge that there will be no make-up dates for any missed programs due to illness or other personal reasons. Registrations are not transferable from one participant to another.

Payment —I acknowledge that payment in full is required upon registration. All cheques must be made payable to “Adventure Valley.” Any cheque returned or declined must be replaced immediately and is subject to a \$25 administrative fee.

Behaviour - Participants are expected to abide by the rules and regulations established by AV and to treat other campers and staff with respect and dignity at all times. I agree that it will be my responsibility to cover any and all costs for damages intentionally caused by the herein named participant to AV property and/or to the property of others.

Acceptance/Dismissal— I acknowledge that AV reserves the right to refuse acceptance and/or dismiss any participant, in their sole discretion, they determine such decision to be in the best interest of the camper or AV. In the event of a dismissal based on conduct or behaviour, it is understood that no reimbursement or refund will be made.

Refunds/Credits— I acknowledge that a refund or credit will be available if participant cancels or withdraw at least 2 weeks prior to the first day of the program, subject to a \$10 administration fee per participant. No refund will be available if less than 2 weeks notice is provided due to illness or personal reasons.

Program Cancellation - I acknowledge that all programs are offered contingent upon minimum enrollment requirements. Adventure Valley reserves the right to cancel low-enrollment courses when necessary. You will receive a full refund if the program is canceled, or you may transfer to another program on a space-available basis.

Activities - Unless AV is notified in writing, of any limitations or otherwise, I agree to allow the participant to participate in all activities both on and off AV property.

Personal Belongings - It is understood that every reasonable effort will be made to safeguard participants' belongings, however AV will not be responsible for articles of clothing, personal athletic equipment, eyeglasses, retainers, braces, hearing aids, etc. that are lost or damaged.

Policies and Information— I have read, understand, accept and agree to abide by all of the policies, information, terms and conditions contained in this form and/or related materials.

Print Name of Participant: _____

Signature of Participant (if over 18): _____ Date: _____

If Participant is under 18:

Print Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ Date: _____