



Township of Lake of Bays

Day Camp Registration Camp Beachcombers 2009



<b>Family Information</b>	
First/Last Name	Parent Name(if applicable)
Home/Mailing Address	
Email Address	
Postal Code	
Home Telephone	Work Telephone

First/Last Name	Sex	Date of Birth	Health Card	VC	Which Week	Fee	Total	Comments
Carrie A. Toone	F	MM DD, YYYY	5555 555 555	JT	1,2,3,4,5	\$90	\$450	Asthma

**Method of Payment**

CASH( ) CHEQUE ( )

CHEQUE # \_\_\_\_\_

**Post Dated Cheques must be dated June 19, 2009**  
**Register in Person or by mail to**  
**Recreation c/o Township of Lake of Bays**  
**1012 Dwight Beach Rd, Dwight, P0A 1H0**  
**You can fax in your registration to 705-635-2132**

**Liability Statement**

In consideration of the acceptance of my application and the permission to participate in a program sponsored by the Department of Community Services, namely the Township of Lake of Bays, I hereby waive and forever discharge the Corporation of the Township of Lake of Bays, its employees, agents, officers, and elected officials from all claims, damages, costs and expenses in respect to injury or damage to my person or property, however caused. The Township of Lake of Bays reserves the right to use photographs of recreation programs for promotional purposes.

**Refund Policy**

Requests for refunds will not be accepted after the first day of camp unless accompanied by a medical certificate. We regret participants will receive no refund in cancellation that affects minimum class numbers or the request is past the second day. Request must be submitted in writing. An administration fee of \$10.00 will be deducted and all refunds will be "prorated" whether days missed, may not be made up at another camp time or session.

Signature of Parent/Guardian/Participant

\_\_\_\_\_

Date: \_\_\_\_\_

-----

Staff Use only

Processed by: \_\_\_\_\_

**Do you need Before and After Care? ( Please Check)**

	Monday	Tuesday	Wed	Thurs	Friday
Before					
After					

-----CUT HERE -----

**Receipt for Participation in Camp Beachcombers, bearing more than 50% physical activity.**

Corporation of the Township of Lake of Bays- **Summer 2009 Program**  
Name of Participant \_\_\_\_\_ Cost of Program \$ \_\_\_\_\_

Week of Camp 1 2 3 4 5 6 7 8 9 ( Please Circle) **Staff Initials** \_\_\_\_\_

