



Town of Hampstead

Community Services Department



TENNIS CAMP REGISTRATION FORM 2019

CAMPER'S FAMILY NAME: _____ **FIRST NAME:** _____

PARENT 1 FAMILY NAME		FIRST NAME	
PARENT 2 FAMILY NAME		FIRST NAME	
ADDRESS NO.	STREET	APARTMENT #	
CITY	PROVINCE	POSTAL CODE	
PARENT 1 CELLPHONE:		PARENT 2 CELLPHONE:	
HOME TEL.:		OTHER NUMBER:	
EMAIL ADDRESS:			

<u>DATE OF BIRTH</u>		<u>SEX:</u>	<u>AGE:</u>	KOSHER (circle one): yes no
YEAR:	MONTH:	DAY:	M F	

MEDICAL INFORMATION

MEDICARE CARD NUMBER	EXPIRY DATE
CHILD'S PHYSICIAN	TEL. NUMBER
ALLERGIES TO MEDICATION (please specify)	ALLERGIES TO FOOD (please specify)
DOES YOUR CHILD HAVE ANY PHYSICAL OR EMOTIONAL CONDITION OF WHICH WE SHOULD BE AWARE?	

EMERGENCY CONTACTS (OTHER THAN PARENTS)

NAME	TEL. WORK	TEL. HOME
1.		
2.		

PERSONS AUTHORIZED TO PICK UP MY CHILD (OTHER THAN PARENTS)

NAME	TEL. WORK	TEL. HOME
1.		
2.		

• **SWIM LEVEL:**

REGISTRATION (Please select desired weeks)

<p><u>Tennis Camp</u></p> <p><input type="checkbox"/> Week 1 (June 25 – 28) *4 day week</p> <p><input type="checkbox"/> Week 2 (July 8-12)</p> <p><input type="checkbox"/> Week 3 (August 5 - 9)</p> <p><input type="checkbox"/> Week 4 (August 12 - 16)</p>	<p><u>Afterschool Tennis Camp</u></p> <p><input type="checkbox"/> Week 1 (May 27–May 31)</p> <p><input type="checkbox"/> Week 2 (June 3 – June 7)</p> <p><input type="checkbox"/> Week 3 (September 3 - 6) * 4 days</p> <p><input type="checkbox"/> Week 4 (September 9 - 13)</p>
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Method of/ du Payment

S.V.P. effectuer vos chèques au nom de *la Ville de Hampstead*. / Please make cheques payable to the *Town of Hampstead*.

Comptant / Cash: _____ Cheque: _____ Interac: _____ Visa: _____ MasterCard: _____

Nº carte de credit / Card No. _____ Exp. _____ CVC# _____

Nom du titulaire de la carte / Name of Cardholder: _____

Relevé 24 (Frais de garde d'enfant / Child care expense)

Nom de la personne qui réclame l'enfant à sa charge / Name of person claiming child: _____

Numéro d'assurance sociale / Social insurance number: _____

Waiver For Use of Photographs Taken During Activities

I authorize the CSR department to take photographs during programs and activities which I have registered for or attend. I understand that these pictures may be used for future promotional purposes, without any compensation.

Signature : _____



WAIVER - CONDITION OF PARTICIPATION IN ANY CSR DEPARTMENT PROGRAM

I hereby assume all risks relating to the activity for which I register, whether inherent therein or foreseeable or not, and I hereby release the Town of Hampstead, its employees, officers, agents and volunteer workers (all hereafter called the Town) from, and waive and renounce to, any claim for loss or damage to person or property, however arising, to the complete exoneration of the Town, and will save the Town harmless from any such claim in principal interest and costs. If I sign the present in my capacity either as a parent or guardian, to enable a minor to participate in a program, I acknowledge it is subject to the same waiver as I am the participant. Furthermore, by signing as a parent or guardian, I hereby agree to indemnify and hold harmless the Town of Hampstead, its employees and volunteer workers from any claims for any accident, injury or loss which I or the minor child I am signing for may sustain while participating in the program activity. The Town of Hampstead is not liable for any material prejudice but not limited to, theft or loss of items, by a participant or by any other person. Further, I understand that any information which is found to be false will automatically cancel the registration, without recourse for refund. In situations whereby any services are required due to an emergency, such as ambulance, the entire cost is to be covered by the participant. I hereby authorize, at my expense, whatever medical treatment my child (if applicable) may require in the event of any emergency. Registrants are urged to obtain their own insurance.

Acknowledgement of Waiver condition:

Parent / Guardian signature: _____ Date: _____

REFUND POLICY:

Refunds will be only be considered upon receiving a written request, dated no later than the Wednesday prior to the start of the camp week in question. *All refund requests will be subject to a 20% administrative charge and will be pro-rated based on the unused portion of the fees. Please note that once a week of day camp has begun, it is considered to have been used, and is *not eligible* to be refunded. Also, any requests made after the Wednesday prior to the week in question, will be considered used, and therefore *not eligible* to be refunded.*

Any refunds requested for medical reasons must be done in writing, and require a valid doctor's note. If granted, the refund will be pro-rated on the unused portion of the fee and a 10% administrative charge will be applied.

I have read and understand the day camp refund policy. I also understand that The Town of Hampstead and its employees are not responsible for lost or stolen items.

Signature: _____

Date: _____