



# Town of Hampstead

## Community Services and Recreation Department

### DAY CAMP REGISTRATION FORM 2021

**CAMPER'S FAMILY NAME:** \_\_\_\_\_ **CAMPER'S FIRST NAME:** \_\_\_\_\_

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

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

**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. CELL	TEL. HOME
1.		
2.		

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

NAME	RELATIONSHIP TO CHILD	TEL. NUMBER(S)
1.		
2.		

☺ **SPECIAL REQUESTS TO BE WITH FRIENDS CAN NOT BE ACCOMODATED THIS YEAR DUE TO COVID-19**

\* **SWIM LEVEL:**

\_\_\_\_\_

**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: \_\_\_\_\_

**CAMP DE JOUR / DAY CAMP 2021**  
**SESSION SELECTION FORM/ FORMULAIRE DE SELECTION DE SESSION**

Nom de famille Enfant / Child's Family name: \_\_\_\_\_ Prénom Enfant / Child's First name: \_\_\_\_\_

√	SESSION	DATES	Junior Camp (Ages 5-11)	Senior Entertainment (Ages 8-11)	Senior Sports (Ages 8-11)
<input type="checkbox"/>	A	Du 28 juin au 9 juillet June 28 – July 9			
<input type="checkbox"/>	B	Du 12 juillet au 23 juillet July 12 – July 23			
<input type="checkbox"/>	C	Du 26 juillet au 6 aout July 26 – August 6			
<input type="checkbox"/>	D	Du 9 aout au 20 aout August 9 – August 20			

**\*Minimum inscription de 2 semaines / minimum 2-week registrations**

Nº de sessions / No. of sessions \_\_\_\_\_ x \$ \_\_\_\_\_ = \$ \_\_\_\_\_

Payé au complet / Paid in full \$ \_\_\_\_\_

**POLITIQUE DE REMBOURSEMENT :** Les remboursements seront seulement considérés sur présentation d'une demande datée d'au plus tard le mercredi précédent le début de la semaine de camp de jour en question. Toute demande de remboursement sera sujette à des frais administratifs de 20% au prorata de la partie non-utilisée des frais. Veuillez prendre note qu'une fois qu'une semaine de camp a été entamée, elle est considérée comme étant utilisée, et ainsi *n'est pas éligible à un remboursement*. Aussi, toutes demandes faites après le mercredi précédent la semaine en question, sera considérée comme étant utilisée, et ainsi *ne sera pas éligible à un remboursement*.

Toutes demandes de remboursement pour des raisons médicales doivent être soumises par écrit, et requièrent une note valide du médecin. Si autorisé, le remboursement sera au prorata de la partie non-utilisée des frais et un 10% de frais administratifs sera applicable.

**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 day 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.

**J'ai lu et compris la politique de remboursement du camp du jour et je comprends que la Ville de Hampstead et ses employés ne sont pas responsables pour les objets perdus ou volés.**

**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: \_\_\_\_\_

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

Diminué / Declined

Même manière que 2019/ Same as 2019

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

Numéro d'assurance sociale / Social insurance number: \_\_\_\_\_