

"Summer Camps" 2023 490 Chebucto St, Baddeck BOLD Centre

Summer Camp Registration, Health and Waiver Form

Part Part	icipant I	nformation		
LAST Name:		First Name:		
Date of Birth				
Grade:				
Address:				
Town: Postal Code				
Parent/Guardian:				
Home Phone:	Day Phone:			
Email:				
Individual(s) Dropping off and Pick	ing Up			
Participant:				
Emergency Contact:	Relation:		Phone:	
Health Card Number:				
Physician:				
Physician Tel. Number:				
Medical Conditions/Allergies:				
Medications:				
My Daughter has been informed a			No	
S	ummer (Camps :		
I register	my chi	ld for (Plea	ase check):	
Weekly:July 3-7 July	10-14	July 17-21	July 24-28	
July 31-Aug 4 Au	ig 7-11	Aug 14-18	Aug 21-25	
Daily: Mon Tues	Wed	Thurs	Fri	
	Rate	9 \$:		
Weekly: \$175 Daily: \$40			340	
Method Of	<u>Paymen</u>	t (Please ch	neck):	
E-Transfer	Chec	rue Ca	sh	

Withdrawal/Program Change Policy

If a Parent/Guardian decides to withdraw from BOLD's after summer program, they are responsible for providing two week's notice. Your withdrawal must be submitted in writing to the Staff Directors two weeks prior to your child's last day in the program, stating the reason for ending the participation. It may be sent via email, if preferred. You will be responsible for all final payments through the end of the notice period, whether in attendance or not. Refunds for fees will not be processed for the following; missed days, vacation, or sick days including

If any additional payments have been made in advance for future weeks, those payments shall be refunded within 7 business days, less an administrative charge (10% of the program fee). If the Director terminates services, any payments for programming that have been made for after the termination date shall be refunded within 7 business days.

Waiver
I declare that I am the parent/legal guardian of
I, the undersigned, do hereby agree to allow the individual(s) named herein to participate in the aforementioned activities and I further agree to indemnify and hold the Bras d'Or Lakes Day Camps Association harmless from and against any and all liability for any injury which may be suffered by the aforementioned individual arising out of or in any way connected with his/her participation in this activity. The undersigned further authorizes the administration of any first aid steps that may be deemed necessary by qualified personnel. I also agree, as a participant of any paid or free event, class, activity, or program, to grant full permission to the Bras d'Or Lakes Day Camps Association to use my child's name and any photographs, videos motion pictures or recordings for any publicity and promotion purposes without obligation or liability to me. I verify that all the above information is true and accurate.
Signature:
Date: