

Magnitude Holiday Camp Registration Form 2018

January 2nd to January 5th 8:30am – 5:30pm

RIDGEWAY LOCATION EXTENDED HOURS: 7:30am to 6:00pm – No charge

First Name:	Last Name:	Home Phone:
Date of Birth:	Age:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Mothers Name:	Work No.:	Cell:
Fathers Name:	Work No.:	Cell:
Address:	City:	Postal Code:
Health Card No.	E-Mail:	
Emergency Contact:	Relation:	Phone:
Visa MC Credit Card No.		Expiry Date:
Name on Card:	Signature:	
**Your credit card will be charged for the balance on the first day of each camp week registered.		

Pizza lunch available every day! Please give \$3.⁰⁰ when dropping off your child (Includes 2 slices)

Cost for the full camp is \$210.00 + H.S.T. with a \$10 Discount off the second child.

Total for one child with tax is \$237.³⁰ or total for two children is \$463.³⁰

For Selected days, please check off the day's your child will be attending.

Please pay select days in full by December 8, 2017. (\$55 per day + tax = \$62.¹⁵) **Playdium is \$73.45**

Selected Days

Tuesday Jan.2nd
Movie

Wednesday Jan.3rd
Playdium

Thursday Jan.4th
Mini Putt

Friday Jan.5th
Bowling

Full Camp Week Jan.2nd to Jan.5th: (4 days)

Person (s) Authorized to pick up child

_____/_____
Name Relation Name Relation

Please describe any allergies or medical conditions:

MEDICAL CONSENT STATEMENT I have provided Magnitude with all the necessary medical information and I can be reached at the number(s) listed. I authorize Magnitude's staff to administer first aid to my child/ward and to secure medical care for my child/ward in an emergency as deemed appropriate by the attending physician(s).

CONSENT FORM I agree that as a participant in Magnitude's Holiday Camp, my child/ward _____ will participate in activities at Magnitude as well as a variety of other locations. I agree that the choice to participate brings with it the assumptions of those risks and results, which are part of these activities. I agree that Magnitude Well-Being Centre, and their trustees, officers, directors, employees, agents and independent contractors shall not be liable for any injury to my child/ward or loss or damage to my child/ward's personal property arising from, or in any way resulting from my child/ward's participation in these activities.

Date: _____ Printed Name of Parent or Guardian: _____

Signature: _____