

Magnitude March Break Camp Registration Form 2018

March 12th – March 16th 7:00am – 6:15pm

First Child Name:	Last Name:	Phone:
Second Child Name:	Third Child Name:	
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 <input type="checkbox"/> MC <input type="checkbox"/> Credit Card No.	Expiry Date:	
Name on Card:	Signature:	
**Your credit card will be charged for the balance on the first day of camp.		

Pizza lunch available Monday and Friday – **Hot dog lunch** available on Tuesday & Thursday

Please give \$3.⁰⁰ when dropping off your child (Includes 2 slices or 2 hot dogs)

Cost for the full camp is \$275 all inclusive with a \$10 Discount off the second child.

Please bring a deposit of \$75 when registering, along with a post-dated cheque dated March 12, 2018 for the balance of \$200.⁰⁰ total. For two children, please bring a deposit of \$150 when registering along with a post-dated cheque dated March 12, 2018 for the balance of \$400.⁰⁰ total.

Please pay select days in full by March 5, 2018. (\$60.⁰⁰ per day or \$70.⁰⁰ for Wednesday or Friday)

Selected Days

Monday Mar.12th Tuesday Mar.13th Wednesday Mar.14th Thursday Mar.15th Friday Mar.16th
Kidsports Archery Wizard World Movie Theatre Playdium

Full Camp Week: (5 days) **(Falconer Location Registration Form)**

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 March Break 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, 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: _____