

Camp Whatchamacallit™

Camper's Name: _____

Age of camper while at camp: _____ Birth Date(DD/MM/YY): _____ MCP #: _____

Swimming Level (If known): _____ T-Shirt Size: _____ Date Received: _____

Parent(s) Name(s): _____

Phone Numbers: (H) _____ (H) _____

(W) _____ (W) _____

(C) _____ (C) _____

Address: _____ City: _____ Postal Code: _____

Emergency Contact Name: _____ Phone Number: _____

Additional Information/Comments Regarding You Child :

(personal habits, physical or emotional needs, family, medical, restricted activities, allergies, diets, etc)

WAIVER

I am aware and hereby release The Works from all claims and damages while my child attends Camp Whatchamacallit Day Camp.

In the event of a non-life threatening emergency, should my child require emergency treatment while at Camp Whatchamacallit and I/we are unable to be contacted, I/we authorize medical emergency treatment as necessary and I/we accept responsibility for any cost(s) incurred.

In the event of a life threatening emergency, I/we authorize emergency treatment prior to being contacted and I/we accept responsibility for any cost(s) incurred.

Parent/Guardian Signature

Date

	Date	Camp	Amount Paid	Receipt #	Method of Payment
1	June 25 to June 29				
2	July 2 to July 6				
3	July 9 to July 13				
4	July 16 to July 20				
5	July 23 to July 27				
6	July 30 to Aug 3				
7	Aug 6 to Aug 10				
8	Aug 13 to Aug 17				
9	Aug 20 to Aug 24				
10	Aug 27 to Aug 31				

Camp Codes:

FD- Flip & Dip TS – Team Sports DA- Dance DR – Drama RB- Mini-Rugby CR –Crafts WR-Wrestling

Early Drop-Off (If Yes, list weeks): _____

*Early Drop Off is an additional \$15/week.

**Weekly Post Dated Credit Card Deductions Agreement
(IF APPLICABLE)**

- I have paid in full for the first week of camp that my child is registered for and agree to commit full payment for the remaining weeks (minimum of 5) I have registered for.
- I understand that because I completed the multiple week registration form, my child(ren) must attend the amount of weeks listed on the registration form to receive the discounted rate. If my child(ren) do not attend the amount of weeks stated on the registration form, I understand that I will be charged the weekly registration fee based on the number of weeks my child actually attended
- I understand that if I give less than seven days notice of cancellation for my child to attend their pre-registered weeks of Camp Whatchamacallit, then The Works will still process that weeks payment.
- I am committing payment for my child to attend Camp Whatchamacallit through Credit Card Deductions. Weekly deductions will be processed the Friday before the week I am registered for.

Signature

Date

Credit Card Number: _____ Expire Date: _____/_____/_____