

P.A DAY CAMP

Application Package

DISTRICT: YRDSB TDSB **CAMP DATE:** _____/_____/_____

PRICE \$80+ HST/day *minimum 5 kids or camp will be cancelled, with full refund*

CAMPER NAME # 1: FIRST LAST D.O.B MM / DD / YYYY Age : M /

F

CAMPER NAME # 2: FIRST LAST D.O.B MM / DD / YYYY Age : M /

F

CAMPER NAME # 3: FIRST LAST D.O.B MM / DD / YYYY Age : M /

F

Street Address : Postal Code :

EMERGENCY CONTACT

First name	Last name	Relation
Email		Mobile () -
Emergency Contact Full Name		Mobile () -

Medical Information

✓ Is the participant under any form of treatment for an illness, condition or injury?

No Yes _____

✓ Does your child have any medical or behavioral conditions that we should be aware of?

No Yes _____

✓ Does your child take any medication on a regular basis?

No Yes _____

✓ Does your child use a puffer?

No Yes

✓ Carries Epi-pen:

No Yes (for: _____)

ALLERGIES:

None

Peanut Tree nuts Egg Milk Insect Stings Seasonal Latex Medication

Other: _____

DIETARY NEEDS OR RESTRICTIONS (PLEASE PROVIDE DETAILS BELOW):

None Gluten free Lactose intolerant Vegetarian Other _____

Signature of Parent/Guardian

Date

Conditions of Enrollment

Aurora Tae Kwon Do Academy reserves the right to terminate the stay of any camper when it is understood to be in the best interest of either the child or the camp.

I hereby release Aurora Tae Kwon Do Academy from all claims for damages arising from any accidents or injury which are caused during normal play from participation of the camper named herein during any program, in any facility, or at any location where a program is being held.

I hereby give permission for said camper to participate in all camp activities and trips (fully supervised) both on and off camp property. I hereby give camp Directors full authority to act on my behalf in case of an emergency.

THERE WILL BE NO REFUNDS OR CREDIT GIVEN BACK.

I have read and I understand the above conditions of enrollment and hereby agree to all terms and conditions in this application.

Signature of Parent/Guardian

Date

-OFFICE USE ONLY-

SUBTOTAL	TAX	PAYMENT TOTAL	METHOD OF PAYMENT