



WYE MARSH ART CRITTERS REGISTRATION FORM

Email: camp@wyemarsh.com * Phone: 705-526-7809 * Fax:705-526-3294
16160 Hwy 12 E, P.O. Box 100 Midland, ON L4R 4K6

* Camper Information

Camper Name: _____ M/F: _____ Age: _____ D.O.B.: ____/____/____
Last First dd / mm / yyyy

Parent/Guardian Name: _____ Email: _____
Last First

Address: _____
Number and Street Town/City Postal code

Tel. (home) _____ (work) _____ (cell) _____

Receipt Address _____ Email: _____
(If different from above) Last First

Address: _____
Number and Street Town/City Postal code

* Authorized Pick-up & Alternate Contact Information

*Arrangements to add additional names must be made IN PERSON. Authorization will not be accepted via phone or email.

Name	Relationship	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

* Health Information

Health Card # _____ Exp. (yyyy/mm/dd) _____

My child carries an Epi-pen

Please specify any allergies (e.g. stings, foods, medications etc.) or existing medical conditions (e.g. diabetes, asthma, ADHD etc..)

Friends & Relatives:

Please include the names of any friends/relatives that you wish to be in the same camper group:

Authorization:

In the event of an accidents or illness, I authorize Wye Marsh staff to attend to my child's medical requirements

(Parent/Guardian signature)

Photo Release:

I give permission for Wye Marsh and/or local media to take pictures/video of my child for future promotional materials

Yes _____ No _____

(Check one only)

Payment Information:

Debit Cash Visa MC Cheque

Full payment of \$ _____

Name on Credit Card

Card #

CVV Code Exp. Date

Card Holder's Signature

* Camp Registration

Ages 6-12 (2015-2009)	<input type="checkbox"/> Annual Family Member: \$192.25*/ week Membership Surname _____ <input type="checkbox"/> Non-member: \$285.00*/week <i>*Includes \$20 Art Kit!</i>	Camp Times: 9am-4pm Early Care (EC) 8:30am-9am: +\$5 Late Care (LC) 4pm-5pm: +\$10	Submit Via email: camp@wyemarsh.com Via fax: 705-526-3294
---------------------------------	---	---	--

Dates	Monday	Tuesday	Wednesday	Thursday	Friday	Total
Week 1: July 5– July 9—FULL						
<input type="checkbox"/> Week 5: August 2 -August 6	<input type="checkbox"/> EC <input type="checkbox"/> LC	<input type="checkbox"/> EC <input type="checkbox"/> LC	<input type="checkbox"/> EC <input type="checkbox"/> LC	<input type="checkbox"/> EC <input type="checkbox"/> LC	<input type="checkbox"/> EC <input type="checkbox"/> LC	
					Grand Total:	

Please Note:

- In order to qualify for the member price, participants must be listed on the Annual Family Membership (\$170 + hst) at the time of registration and during the camp program.
- A receipt and information package will be emailed upon camper registration confirmation. Receipts for tax purposes will be issued by February 2022.
- Cancellations are subject to a \$15 administration fee. 7 days' notice is required.

For office use only (date & initial each):

Information Complete _____
 Access Database _____
 Parent Guide Sent _____
 Processed in Micharity _____