



WYE MARSH WINTER BREAK CAMP REGISTRATION

16160 Hwy 12 E, P.O. Box 100 Midland, ON L4R 4K6 * P: 705-526-7809 * F:705-526-3294

* Camper Information

Camper Name: _____ M/F: _____ Grade: _____ D.O.B.: ____/____/____
Last First (Must be in Gr. 1) 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 _____
(Initial 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 (Must be in Gr. 1)	<input type="checkbox"/> Annual Family Member: \$39.45 <i>Membership Surname</i> _____ <input type="checkbox"/> Non-member \$50.00	Times: 9am-4pm Early Care 8:45am-9am: +\$5 Late Care 4pm-4:30pm: +\$5	Submit In person, by fax 705-526-3294 or camp@wyemarsh.com
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Date	Extended Hours	Total \$
<input type="checkbox"/> Monday, December 20, 2021	<input type="checkbox"/> Early Care <input type="checkbox"/> Late Care	
<input type="checkbox"/> Tuesday, December 21, 2021	<input type="checkbox"/> Early Care <input type="checkbox"/> Late Care	
<input type="checkbox"/> Wednesday, December 22, 2021	<input type="checkbox"/> Early Care <input type="checkbox"/> Late Care	
<input type="checkbox"/> Monday, December 27, 2021	<input type="checkbox"/> Early Care <input type="checkbox"/> Late Care	
<input type="checkbox"/> Tuesday, December 28, 2021	<input type="checkbox"/> Early Care <input type="checkbox"/> Late Care	
<input type="checkbox"/> Wednesday, December 29, 2021	<input type="checkbox"/> Early Care <input type="checkbox"/> Late Care	
	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 in February.
- Cancellations can be made up to 2 days prior to registered date for a full refund.

For office use only (date & initial each):

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