



# WYE MARSH NATURE POP UP CAMP REGISTRATION FORM

16160 Hwy 12 E, P.O. Box 100 Midland, ON L4R 4K6 \* P: 705-526-7809 x202 \* F:705-526-3294

## \* 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 \_\_\_\_\_

(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

<b>Ages 6-12</b> (2013-2007)	<b>Rate: \$29.25/day</b>	<b>Times: 9am-4pm</b> Early Care (EC) 8am-9am: +\$5 Late Care (LC) 4pm-5pm: +\$5	<b>Submit</b> In person, by fax 705-526-3294 or camp@wyemarsh.com
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Please note that Wye Marsh is working as events unfold. Additional dates may be added.

Wye Marsh will work to update the website to reflect changing circumstances to the best of our ability.

For the most up to date information, please call 705-526-7809 or email info@wyemash.com.

Dates	Monday	Tuesday	Wednesday	Thursday	Friday	Total
Thursday, March 5—SMCDSB affected				<input type="checkbox"/> EC <input type="checkbox"/> LC		
					<b>Grand Total:</b>	

### Please Note:

- A receipt and information package will be emailed upon camper registration confirmation. Receipts for tax purposes will be issued in February 2020.

#### For office use only (date & initial each):

Information Complete \_\_\_\_\_  
 Access Database \_\_\_\_\_  
 Parent Guide Sent \_\_\_\_\_  
 Processed in Raiser's Edge \_\_\_\_\_