

## ROUGE VALLEY CONSERVATION CENTRE ROUGE VALLEY FOUNDATION

1749 Meadowvale Road, Toronto, ON M1B 5W8 416-282-8265 | info@rvcc.ca | www.rvcc.ca

Please fill out this form completely and mail your completed form and cheque to:

Rouge Valley Conservation Centre 1749 Meadowvale Road Toronto, ON M1B 5W8

1ST CHILD'S INFORMATION:	2ND CHILD'S INFORMATION:	
Last Name:	Last Name:	
First Name:	First Name:	
Birthdate:	Birthdate:	
☐ Male ☐ Female	☐ Male ☐ Female	
I am registering my child for the following week(s):	I am registering my child for the following week(s):	
□ Week 1 □ Week 2 □ Week 3 □ Week 4 □ Week 5	□ Week 1 □ Week 2 □ Week 3 □ Week 4 □ Week 5	
□ Week 6 □ Week 7 □ Week 8 □ Week 9	□ Week 6 □ Week 7 □ Week 8 □ Week 9	
MEDICAL INFORMATION: Family Doctor:	Phone #:	
1ST CHILD'S INFORMATION:	2ND CHILD'S INFORMATION:	
Medical Restrictions:	Medical Restrictions:	
Allergies or Dietary Restrictions:	Allergies or Dietary Restrictions:	
Activity Restrictions:	Activity Restrictions:	
Other relevant information:	Other relevant information:	



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#### **FAMILY INFORMATION:**

☐ Parents ☐ Guardians	
Parent/Guardian 1: $\square$ Mr. $\square$ Mrs. $\square$ Ms. $\square$ Dr. Last Name:	Parent/Guardian 2: $\square$ Mr. $\square$ Mrs. $\square$ Ms. $\square$ Dr. Last Name:
First Name:	First Name:
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Cell Phone:	Cell Phone:
Email:	Email:
Address: ☐ Family ☐ Parent 1 ☐ Parent 2  Street:	
City:	Postal Code:
EMERGENCY CONTACTS:	
Full Name:	Full Name:
Phone #:	Phone #:
Relationship to child(ren):	Relationship to child(ren):



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#### DROP OFF AND PICK UP:

Extended care required?:   Yes  No  Additional fee of \$40/week or \$8/day. Hours are strictly enforced. You must register for extended hours prior to start of camp, if required. If additional time is required, please call 416-282-8265 or email education@rvcc.ca to discuss.							
If yes, which days and times?:	<ul><li>☐ Monday</li><li>☐ Tuesday</li><li>☐ Wednesday</li><li>☐ Thursday</li><li>☐ Friday</li></ul>	□ 8:30 a.r □ 8:30 a.r □ 8:30 a.r	n 9:00 a.m. n 9:00 a.m. n 9:00 a.m. n 9:00 a.m. n 9:00 a.m.	☐ 4:00 p.m 4:30 p.m. ☐ 4:00 p.m 4:30 p.m. ☐ 4:00 p.m 4:30 p.m. ☐ 4:00 p.m 4:30 p.m. ☐ 4:00 p.m 4:30 p.m.			
Persons authorized to pick up and/or drop off camper:							
Full Name:			Full Name:				
Phone #:			Phone #:				
Relationship to camper:			Relationship to	camper:			
METHOD OF PAYMENT:  Cash Cheque (Please make your cheque payable to "Rouge Valley Foundation")  A 50% downpayment is required with your registration. The balance is due on your child's first day at camp.							
Cost per child per week is \$275. Register before April 22 and pay \$250 per child per week.							
Amount Paid:				_			

If you require financial assistance, please contact us for information on our Education Program Subsidy generously provided by TD Friends of the Environment.



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I/we hereby apply for registration for the herein named child(ren) for the camp weeks indicated in this application. In consideration of acceptance of this application by Rouge Valley Foundation, I/we hereby agree as follows:

- **a.** I/we agree to allow my/our child(ren) to participate in all camp activities and in any supervised trips to places not on the camp property (e.g. hiking trails, stream, etc.).
- **b.** that the directors of the Rouge Valley Conservation Centre Summer Camp reserve the right to terminate the registration of any campers when it is deemed by the directors to be in the best interest of the child or the camp. In such an event it is understood a proportionate refund will be made.
- **c.** to pay a 50% down payment upon registration of my child and the balance upon the first day of camp. NSF cheques are subject to \$30 service charge and certified funds will be required.
- **d.** to give camp officials authority to act on my behalf in case of emergency.
- **e.** to release and indemnify Rouge Valley Foundation and Rouge Valley Conservation Centre Summer Camp from any and all claims for losses or articles and damages arising as a result of any accident, injury or otherwise sustained by the herein named child(ren) arising from participation in any camp activities.
- **f.** to consent to the use by Rouge Valley Foundation and Rouge Valley Cosnervation Centre Summer Camp of the camper's likeness for publicity purposes, including website. No camper names will be used in conjunction with the photos.

 Date	Name of Child 1 (please print)	Name of Child 2 (please print)
Date	Name of Parent/Guardian (please print)	Signature of Parent/Guardian
 Date	Name of Witness (please print)	Signature of Witness



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## ROUGE VALLEY FOUNDATION WAIVER OF CLAIMS AND IDEMNITY

Rouge Valley Conservation Centre Summer Day Camp

In consideration of the acceptance of my child's application and permission to participate in the Rouge Valley Conservation Centre's Summer Day Camp, known hereafter as the RVCC Summer Day Camp, I for myself, my heirs, executors, administrators, successors and assigns hereby release, waiver and forever discharge the Rouge Valley Foundation, and all their employees, agents, servants and contractors and all other associations, sanctioning bodies and sponsoring companies, and elected and appointed officials, successors and assigns, of and from all claims, demands, damages, costs, expenses, actions and causes of action, whether in law or equity, in respect of death, injury, loss, damage, to my person or property however caused, arising or to arise by reason of my child's participation in the said RVCC Summer Day Camp, whether as spectator, participant, or otherwise; whether prior to, during or subsequent to his/her participation in the RVCC Summer Day Camp and notwithstanding that the same may have been contributed to or occasioned by the negligence of the aforesaid.

I further hereby undertake to hold and save harmless, and agree to indemnify all of the aforesaid from and against any and all liability incurred by any or all of them arising as a result of, or in any way connected with my child's participation in the said RVCC Summer Day Camp.

I acknowledge and have read, understood and agree to the above Waiver, Release and Indemnity. I warrant that my child is physically fit to participate in the RVCC Summer Day Camp, and I hereby understand that he/she will follow the rules and regulations as set out by the organizers of the RVCC Summer Day Camp, and that by not adhering to the rules and regulations, he/she may not only endanger himself/herself, but permission may or will be revoked and he/she will be asked to leave the premises.

\_\_\_\_\_\_on this \_\_\_\_\_\_day of \_\_\_\_\_\_\_, 20\_\_\_\_\_.

(city, town) (day of month) (month) (year)

Date Name of Child 1 (please print) Name of Child 2 (please print)

Date Name of Parent/Guardian (please print) Signature of Parent/Guardian

Date Name of Witness (please print) Signature of Witness

IN WITNESS WHEREOF, this waiver and indemnity has been duly executed at