



**S T E I N B A C H
A R T S
C O U N C I L**

Camper's Name: _____

Age (as of session): _____ SAC Membership # _____

2011 SUMMER CAMP REGISTRATION FORM

(Please complete both sides, one form per child)

Mail Address: _____ City: _____ PC _____

Email address: _____

Date of Birth (D/M/Y) _____ Sex (M/F): _____

Mother's Name: _____

Mother's Phone #'s - Home: _____ Cell: _____ Work: _____

Father's Name: _____

Father's Phone #'s - Home: _____ Cell: _____ Work: _____

Doctor's Name: _____ Phone : _____

Emergency Name: _____ Phone # (non-parent): _____

Allergies & Medication (attach extra sheet): _____

Provincial Health Registration Number (MHSC): _ _ _ _ _

Personal Health I.D. Number: _ _ _ _ _

Summer Camp Choices: All camps are from 9 - 4 pm

4 Day Camps for 5 - 8 yrs SAC members \$90, non-members \$110

___ Aug 2 - 5	Let's Go Green	\$ _____
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5 Day Camps for 5 - 12 yrs SAC members \$110, non-members \$130

___ July 11 - 15	Blast from the Past	\$ _____
___ July 18 - 22	Topsy Turvy Holidays	\$ _____
___ July 25 - 29	A Pirates Life for Me!	\$ _____
___ Aug 8 - 12	Sporty Camp	\$ _____
___ Aug 15 - 19	Heritage Hunt	\$ _____
___ Aug 22 - 26	Year 3000	\$ _____

Early bird discount

Register by Apr. 29, 2011 receive 15% discount	\$ _____
Register by Jun. 7, 2011 receive 10% discount	\$ _____

SUB TOTAL \$ _____

SAC Membership: resident - \$15/person or \$30/family. Non resident - \$20/person or \$35/family

Membership fee \$ _____

TOTAL \$ _____

POLICIES:

- * Cheques are payable to *Steinbach Arts Council, 304 Second Street, Steinbach, MB R5G 0T7*
- * Cancellations made more than 2 weeks prior to camp, full payment is reimbursed less **\$20 Administration Fee**
- * No payment will be refunded if cancellations less than 2 week before the session.
- * Memberships are non-refundable

WAIVER

I, the undersigned, understand that participation in any Steinbach Arts Council (SAC) activity involves a risk of accidental injury despite all safety precautions. Therefore, as a parent and/or guardian, I will assume all risks (injury or illness) for my children and family members that may occur during participation in any program activities held onsite at the Steinbach Cultural Arts Centre, or held offsite from these premises or while in any use of the facilities at the Steinbach Cultural Arts Centre. In case of sudden injury or illness, I hereby give authority to any hospital or doctor to render immediate aid as may be required at the time for my child's health and safety. I understand medical expenses are my responsibility. By signing this form, I acknowledge that I am aware of the potential risks for participating in activities and programs of the SAC and agree to in no way hold the management, agents, or employees of the SAC liable for any injury that my child may sustain. I understand that all personal information and any medical information, including my MHSC number, is confidential and for use of SAC staff only, and will not be released for any other purposes without my consent.

I agree to allow my child's photographs and/or quotes from Summer Arts Day Camp to be used for future promotional purposes.

I have read, understood and agree to the above polices as stated above.

Parent/Guardian Signature

Parent/Guardian (please print)

Date

A letter giving detailed instructions and information will be sent out one week before the camp session begins.

For Office Use Only:

QB Receipt #: _____ Date: _____

Method of Payment: Cash ____ Chq ____ Visa ____ MC ____ DB ____

Reg Sheet: _____ Correlate: _____ Membership: _____
 Staff Initials Staff Initials Staff Initials