



Camper's Name: _____

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

2010 SUMMER CAMP REGISTRATION FORM

(Please complete both sides, one form per child)

Camper's Mailing Address: _____ City: _____ Postal Code _____

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 #'s: _____

Emergency Name & Phone # (other than Parents): _____

Allergies & Medication (attach extra sheet if needed): _____

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

4 Day Camps for 5 - 8 yrs SAC members \$83, non-members \$100

___ Aug 3 – 6 Discover WHY & HOW \$ _____

5 Day Camps for 5 – 12 yrs SAC members \$103, non-members \$120

___ July 12 – 16 Stoney Challenge \$ _____

___ July 19 – 23 The Time Machine \$ _____

___ July 26 – 30 The Crew (Sports Camp) \$ _____

___ Aug 9 – 13 Let's Go Green \$ _____

___ Aug 16 – 20 Move Up (Sports Camp) \$ _____

___ Aug 23 – 27 Treasure Adventure \$ _____

Early bird discount Register by April 30, 2010 receive 15% discount \$ _____

Register by June 3, 2010 receive 10% discount \$ _____

SUB TOTAL \$ _____

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

Membership fee \$ _____

PLEASE NOTE:

TOTAL \$ _____

*Payment must accompany registration form. Visa, MasterCard, Debit or Cash accepted.

*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 statement.

Campers Name (please print)

Parent/Guardian (please print)

Date

Parent/Guardian Signature

Provincial Health Registration Number (MHSC): _ _ _ _ _
Personal Health I.D. Number: _ _ _ _ _

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