



FRONTENAC ARCH BIOSPHERE NATURE CAMP 2019

Revised

Landon Bay 302 - 1000 Islands Parkway

P.O. Box 483, Gananoque, ON K7G 2V1

CAMPER REGISTRATION FORM

Mail or drop off completed form at PharmaSave Gananoque or Lansdowne.



CAMPER INFORMATION - ONE PER FORM	EMERGENCY CONTACT INFORMATION
Name: _____	Name/Relationship (if different from parent) _____
Date of Birth: _____ (YYYY/MM/DD)	_____
Age*: _____ Gender (Circle one): M / F Address: _____	Telephone: _____
_____	Doctor: _____
_____ Postal Code: _____	Health Card Number: _____
Parent(s): _____	Medical/other special needs (allergies - food, insects, etc.) _____
_____	_____
Telephone: _____	_____
(W) _____	Email (for receipt): _____
(H) _____ (Alternate) _____	_____

* Campers should be min. of 6 years old as of Jan 1, 2019 (5 year olds with Kindergarten Experience accepted subject to approval).

DAY CAMP SESSIONS - please indicate week(s) you would prefer

Sessions are from 8:30 am (drop-off 8:00 am - 8:30 am) to 4:30 pm (pick-up 4:30 pm - 5:00 pm)

Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8
Jul 1 - 5	Jul 8-12	Jul 15-19	Jul 22-26	Jul 29-Aug 2	Aug 5-9	Aug 12-16	Aug 19-23
Turtle - Turtle	Nature's Slime	Birds of a Feather	Stories in Nature	It's a Bug's World	Survivor-Animal Edition	All Over the Map	Biosphere Bash!
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I understand that there are risks involved in an activity or program and I acknowledge that my choice to register my child in the above-named activity or program brings with it the assumption by me of those risks. I also release the Frontenac Arch Biosphere Foundation and the Frontenac Arch Biosphere Nature Camp and its staff of any claim whatsoever arising from such risks. Permission is hereby granted to the Frontenac Arch Biosphere Foundation and its representatives to transport participant(s) to a local doctor or hospital for medical treatment if necessary.

Signature of Parent / Guardian: _____

Date: _____ (YYYY / MM / DD)