

2018 PASSOVER CAMP

April 3rd to 6th , 9am – 4pm

Please return completed forms to:

7015 Leslie St, Thornhill, ON, L3T 6L6 or Fax to: (905) 731-2268



FAMILY INFORMATION

Family Name: _____ Email: _____

Home Address: _____ Home #: _____

Parent 1 Name: _____ Work #: _____ Cell #: _____

Parent 2 Name: _____ Work #: _____ Cell #: _____

CAMPER INFORMATION \$300/4 days

Name: _____ Date of Birth: _____ Gender: _____

Grade: _____ School: _____

Medical Conditions, Behavioral Concerns, Allergies: _____

TRANSPORTATION *(Please tick off desired option)*

- Own Transportation Extended Care at camp 8:00 AM to 5:15 PM \$12/day
- Bus Pick-up and Drop-off \$20/day + HST (3 day minimum).
- YES! I want the catered Kosher for Passover Style lunch program, \$8/day + HST.**

PAYMENT SELECTION

Total Fees: _____ (10% discount on camp fees on second and third child): _____

Cash Cheque E-Transfer Visa MasterCard Card #: _____ Expiry Date: _____

CONDITIONS OF ENROLLMENT

I/We agree to allow my child(ren) to participate in all camp activities. I/We give camp officials authority to act on my/our behalf in case of an emergency. Adventure Valley Day Camp Inc. reserves the right to terminate registration of any camper, if in the opinion of the camp it is in the best interest of the child or the camp. In such event, a proportional refund will be made. I/We agree to release and indemnify Adventure Valley Day Camp Inc. from any and all claims for 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. I/We give consent to the use of Adventure Valley Day Camp Inc. to of the herein-named child(ren) in camp photographs, videos and news media. I/We have read, understand and agree with the Conditions of Enrolment detailed above.

PARENT/LEGAL GUARDIAN SIGNATURE: _____ DATE: _____

Adventure Valley is operated by Adventure Valley Inc.