

# 2019 PASSOVER CAMP

April 22<sup>th</sup> to 26<sup>th</sup> , 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 \$375

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  Etransfer to camp@adventurevalley.ca

Credit Card Card #: \_\_\_\_\_ (2% fee applies to Credit 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.*

## **“Choose Your Own Adventure”**

### **Please fill out this form for Campers in Grade 3 to Grade 6**

(Younger children will participate in a range of activities all together in their cabin groups. They do not need to fill out this form).

**Please have your child checkmark a box in each row.**

	I'd rather repeat other activities than do this activity!	I don't mind trying this activity out once or twice!	I like this activity! Please make sure I get to do it.	I LOVE This Activity!! I'd do it every day if I could!
Archery				
Ball Hockey				
Balls of Fun				
Card Games				
Cartooning				
Ceramics				
Chess				
Cooking Arts				
Crafts				
Dance				
Field Frenzy				
Fine Art				
Fort Building				
FunKid Fitness				
Interior Design				
Jewelry Making				
Lego Creations Studio				
Martial Arts				
Mad Science				
Outdoor Adventures				
Recording Studio				
Robotics				
Rocketry				
Theatre				