



# HALDIMAND PREGNANCY CARE & FAMILY CENTRE

121 ALDER ST. WEST  
DUNNVILLE  
ONTARIO N1A 1R2  
TEL: 905 774 1228 FAX: 905 774 1506

70 ARGYLE STREET NORTH  
CALEDONIA  
ONTARIO N3W 1B9  
TEL: 905 765 0228 FAX: 289 285 4251

## Captivating: Summer Camp for Girls Registration Form

DUNNVILLE:  July 9-13

Location: 121 Alder St. West Dunnville, ON

CALEDONIA:  August 13-17

Location: Caledonia Congregational Church

9:00am - 4:00pm

T-Shirt Size:  Youth  Adult /  XS  SM  MED  LG  XL

Camper's Name \_\_\_\_\_ Age \_\_\_\_\_

Name on Health Card \_\_\_\_\_ Health Card Number \_\_\_\_\_

Address \_\_\_\_\_ Postal Code \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Home Phone \_\_\_\_\_

Mother/Father/Parent/Guardian \_\_\_\_\_

Address (if different than above) \_\_\_\_\_ Postal Code \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_

Mom  Dad  Guardian (relationship) \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mom  Dad  Guardian (relationship) \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

If parent/guardian cannot be reached, in emergency please call:

Name \_\_\_\_\_ Relationship to Camper \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

### Health Information

Does your child have any allergies or physical, emotional, or behavioural concerns or limitations that our staff/volunteers should be aware of? Yes  No  If yes, please provide details:

### Items for Camper to Bring

1. Lunch with snacks
2. Reusable water bottle
3. Towel, bathing suit, hat and sunscreen (We would please ask campers to refrain from wearing bikinis. If a camper does wear a bikini, we ask that she wear a t-shirt or tank top over top. Tankinis and 1-pieces are fine. If you have any questions please call HPCFC, the number is provided on the back of this form.)

### Medication Permission Form

I, the parent/legal guardian of the camper named on this form, give my permission for the staff/volunteers at *Captivating: Summer Camp for Girls of Haldimand Pregnancy Care & Family Centre* to:

1. Dispense Polysporin, After Bite, or other antibiotic ointment for minor injuries or insect bites.

X Signature

Date

#### Permissions:

1. *Captivating: Summer Camp for Girls (Haldimand Pregnancy Care & Family Centre)* has my permission to take photographs and/or video of my child participating in camp activities, and to use those photos/videos for the purposes of promoting *Haldimand Pregnancy Care & Family Centre* summer camps.
2. I agree to release all liability from *Haldimand Pregnancy Care & Family Centre* (staff and volunteers) if my child/children is/are injured in any way during camp activities.
3. I also grant permission to *Haldimand Pregnancy Care & Family Centre* staff to seek emergency medical treatment for my child should it be needed. I understand that they will make every reasonable effort to contact me or another emergency contact that I provide.

I acknowledge that I have read, understood, and agree to the above terms. I hereby give permission to my child/children to attend *Captivating: Summer Camp for Girls*.

X Parent/Guardian Signature

Date

Printed Name

Relationship to Child

### Registration Fee (Suggested Minimum Donation)

\$80 per week. Subsidies are available. Please enquire.

### Captivating Cancellation Policy

Please note that all cancellation requests submitted one week *prior* to the registered camp week will receive a \$40.00 refund of the original amount paid. Refunds will be paid in the form of a cheque to the address on record. Please allow up to 3 weeks to receive refund cheques. Cancellation requests received *within* one week of the registered camp week will not receive a refund.

### Payment Information

Both cash and cheques are accepted. If paying by cheque please make it payable to:  
*Haldimand Pregnancy Care & Family Centre*.

Questions? Please give us a call @  
905-765-0228 [Caledonia] or 905-774-1228 [Dunnville]

#### Office Use Only:

Camp Registration Fee Received:  Yes  No Amount Received: \_\_\_\_\_ Staff Initial:

\_\_\_\_\_

Paying by: Cash  or Cheque

Name on Cheque

Cheque Number

Amount