



2024 PA DayCamp Program

Camper Registration Form

Please ensure all sections are filled out completely and accurately. Thank you for registering for The Muskoka Discovery Centre's 2024 Day Camp Program. We look forward to a fun and safe summer with your camper!

Camper Information

Camper's Full Name: _____

Date of Birth: _____

Address: _____

City: _____

Province: _____

Postal Code: _____

Primary Contact

Name: _____

Relationship to Camper: _____

Phone Number: _____

Email Address: _____

Secondary Contact

Name: _____

Relationship to Camper: _____

Phone Number: _____

Email Address: _____

Emergency Contact (if different from primary/secondary contacts)

Name: _____

Relationship to Camper: _____

Phone Number: _____

Email Address: _____

Health Information

Allergies (if any): _____

Medications (if any): _____

Special Medical Conditions or Concerns: _____

Date of Program

Please choose your preferred dates from the options below.

October 25, 2024

November 22, 2024

Liability Waiver and Indemnity Clause

I, the undersigned, being the parent or legal guardian of the above-named camper, hereby give my consent for my child to participate in The Muskoka Discovery Centre's 2024 Day Camp Program. I understand that there are inherent risks associated with participation in camp activities, and I voluntarily assume these risks.

In consideration of the acceptance of my child's registration for the Day Camp Program, I hereby release, discharge, and hold harmless The Muskoka Discovery Centre, its employees, volunteers, and agents from any and all claims, demands, actions, or causes of action, which may arise out of or in connection with any loss, damage, injury, or harm sustained by my child during participation in the camp, regardless of whether such loss, damage, injury, or harm is caused by the negligence of The Muskoka Discovery Centre or otherwise.

I further agree to indemnify and hold harmless The Muskoka Discovery Centre, its employees, volunteers, and agents from any and all liabilities or damages arising out of or in connection with my child's participation in the camp, including any costs, expenses, and attorney fees incurred in defending such claims.

I have read, understood, and agree to the terms of this liability waiver and indemnity clause.

Parent/Guardian Signature:

Date: _____

Payment Information

Credit Card Number: _____

Expiry Date: _____ CVV: _____

By submitting this registration form, you consent to the Muskoka Discovery Centre charging your provided credit card upon confirmation of enrollment. Please be aware that deposits are **non-refundable**, except in exceptional circumstances.