



## 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 Summer 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 Summer 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 Summer 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.