

Camper Registration Form

Please ensure all sections are filled out completely and accurately. Thank you for registering for The Muskoka Discovery Centre's 2025 March Break DayCamp Program. We look forward to a fun and safe holiday season 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 differe	ent from primary/secondary contacts)
Name:	Relationship to Camper:
Phone Number:	Email Address:
Health Information	
Allergies (if any):	
Medications (if any):	

MUSKOKA DISCOVERY CENTRE • 275 Steamship Bay Rd. Gravenhurst, ON P1P 179 • (705)-687-2115 www.realmuskoka.com Special Medical Conditions or Concerns: _____

Date of Program

Please choose your preferred dates from the options below. Please consult <u>our website</u> for rates.

□ March 10 □ March 11

□ March 12 □ March 13 □ March 14

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 DayCamp 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 DayCamp 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 also give permission to be contacted at the email address provided regarding upcoming programming at the Muskoka Discovery Centre

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.	

MUSKOKA DISCOVERY CENTRE • 275 Steamship Bay Rd. Gravenhurst, ON P1P 179 • (705)-687-2115 www.realmuskoka.com