



**SUMMER SAFETY CAMP
REGISTRATION FORM**

Ottawa Safety Council

68 Robertson Rd, Suite 105

Ph: 613-238-1513 Fax: 613-238-8744

email contact: jeanne.mcgee@ottawasafetycouncil.ca

OFFICE USE ONLY

JC 03/2011

DATE: _____

RECEIPT _____

AMOUNT PAID: _____

PAYMENT MTHD: CERT. CHEQUE _____

VISA ___ MC ___ DEBIT _____

Authorization # _____

CONFIRMATION SENT _____

WAIVER SIGNED _____

CAMP SELECTION – please indicate week

Week 1 (Jul 4-8) _____ Week 3 (Jul 18-22) _____ *Week 5 (Aug 2-Aug 5) _____

Week 2 (Jul 11-15) _____ Week 4 (Jul 25-Jul 29) _____ Week 6 (Aug 8-Aug 12) _____

Week 7 (Aug 15-Aug 19) _____

Three Day camp _____ Five Day Camp _____

CHILD'S NAME _____ SEX M F

AGE _____ BIRTH DATE _____ OHIP # _____

PARENT/GUARDIAN'S NAME _____

ADDRESS _____

TELEPHONE _____

ALTERNATE EMERGENCY CONTACT:
Name _____ Number _____

- Is anyone other than the contacts listed picking up the child? YES NO
If yes, please give names(s): _____
- Doctor's Name: _____ Phone: _____
- Does your child have any allergies? YES NO
If yes, please indicate allergies and treatment: _____
- Will your child be bringing any medication to camp? YES NO
If yes, please give name and reason for medication: _____
- Will siblings be attending the same camp? YES NO
If yes, would you prefer them together in small group activities? YES NO NO PREFERENCE
- Is there any additional information that you feel we should know about your child?

- How did you hear about our summer camp? _____

PARENT/GUARDIAN SIGNATURE _____ DATE _____

If you wish to fax, email or mail in your application, please complete the following section:

Credit Card # _____, Expiry _____

Name that appears on the card _____

Signature: _____

Registration Fees,
Five day: \$150
Additional sibling: \$120
Three day: \$115
*Week 5 fees for a 4 day camp are \$120.00 for 1st child and \$96.00 for sibling.



ottawa safety council

**OTTAWA SAFETY COUNCIL WAIVER
MUST BE COMPLETED BY PARENTS OR GUARDIANS OF A MINOR**

I/we the undersigned, parents/guardians of _____, in consideration of the acceptance of our request that:

*the above named minor be instructed at the summer safety camps (OSC); and,

*the above named minor participate in the summer safety camp activities agree as follows;

*acknowledge that the use of the facilities, equipment and premises of the Summer Safety Camp may be hazardous to the person and property of the above named minor, to hereby release, waive and forever discharge the Ottawa Safety Council (OSC), from any and all actions, claims and demands for, upon or by reason of any damage, loss, or injury to the person or property, of the above named minor, howsoever caused, which we hereafter have arising out of the above named minor by (OSC) and premises owned, rented, licensed by the OSC.

Dated at _____ this _____ day of _____, 20__
Location date month

Parent/Guardian's Name _____ Signature _____

Adult Witness' signature _____ Address _____

Please read and check the appropriate boxes that apply to your situation.

- I agree that pictures or videos may be taken of the above named minor for the sole use of this Summer Camp Session given by the Ottawa Safety Council. The minor will not be identified in anyway with personal information.
- I agree that pictures of the above named minor may be posted on the Ottawa Safety Council website for Summer Camp purposes. The minor will not be identified in anyway with personal information.
- I agree that the Ottawa Safety Council can use pictures of the above named minor in advertisements for future summer camps in written form or in digital form (including their website). The minor will not be identified in anyway with personal information.
- I DO NOT wish that the above named minor be photographed or videotaped under any circumstances.