



Summer Camp Registration Form

Parent Guardian Contact Information

Name of Parent/Guardian:	
Birthdate: (MM/DD/YY)	
Mailing Address:	
Postal Code:	
Email:	
Home/Cell Phone:	
Work Phone:	

Participant Information

Name of Participant:	
Birthdate: (MM/DD/YY)	
Gender:	

Dates	Camp Name	Camp Code	Extended Care	Total Cost
July 4 to 8			a.m. p.m.	
July 11 to 15			a.m. p.m.	
July 18 to 22			a.m. p.m.	
July 25 to 29			a.m. p.m.	
August 2 to 5			a.m. p.m.	
August 8 to 12			a.m. p.m.	
August 15 to 19			a.m. p.m.	
August 22 to 26			a.m. p.m.	
August 29 to September 2			a.m. p.m.	
Total Cost:				

Family Medical information

Does any participant listed on this form have special needs, medical conditions or allergies you would like us to know about? Yes No If yes, Please read information below.

Name of Participant:	
Special Needs/Medical Conditions/ Allergies/Medication (Please specify if EpiPen is required):	

If any participant(s) listed on this form have special needs and require additional support, please contact Recreation Programmer - Inclusion at (905) 953-5300 ext. 2821



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Important - Read Before Signing

I hereby release, waive and forever discharge the Corporation of the Town of Newmarket, it's employees, agents and contractors from all claims, demands, actions, causes of actions, damages, costs and expenses of any kind in respect of death, injury, loss or damage to my person, or to person(s) who, in law you are responsible for or to my property, howsoever caused, arising or to arise by reason of my participation or person(s) who, in law you are responsible for. Participation in any program in any location where the program is held. By signing this form I acknowledge having read, understood and agree to this waiver and release. I hereby give permission to have staff arrange for any emergency medical care including transportation if necessary. Where children are involved, attempts will be made to contact named parent, guardian or emergency contact first. The participant is responsible for his/her own medical coverage.

Name: (18 Years or older)	
Signature: (Must be 18 years or older)	

Method of Payment

Cash:		Cheque:	
Money on Account:		Mastercard:	
Visa:		American Express:	
Card #		Expiry Date:	
Card Holder Name:		Signature:	
Amount to be charged:			

Office Use

Cash/Cheque Amount:		Process Date:	
Clerk:			



Recreation & Culture – Camp Central
 Town Of Newmarket, Recreation Youth Centre
 56 Charles Street
 Newmarket, ON L3Y 3V8
 Phone: 905-953-5300 ext. 2825 or 2826
 www.newmarket.ca Fax: 905-836-5125