



Kids Camp Registration Form 2014



Date: _____ Name of Parent/Guardian: _____

Name of Child: _____ DOB: _____

Address: _____

Phone: (Home) _____ (Cell) _____ Emergency Contact: _____

Other information: (allergies etc..) _____

Mornings 8:30 ~ 12:30 \$200* Full Days 8:30 ~ 4:30 \$275* * plus 13% HST

Early Morning Drop-Off (after 7am) \$15/day Late Pick-Up (until 6pm) \$15/day Both Options \$20/day

Amount \$ _____ Payment by: Cash ___ Chq ___ Debit ___ MC ___ Visa ___ Amex ___ Required when registering.

_____ Exp. _____

Dates of Camps ~ please circle preferred Full Day or Half Day for selected weeks
For Single Day Registrations, please contact info@kingston1000islandssportsplex.ca

June 30 – July 4* Full Day Half Day	July 7 – 11 Full Day Half Day	July 14 – 18 Full Day Half Day	July 21 - 25 Full Day Half Day	July 21 – 25 GOLF ONLY Full Day Half Day	July 28 – Aug 1 Full Day Half Day
Aug 5 – 8* Full Day Half Day	Aug 11 - 15 Full Day Half Day	Aug 18 – 22 Full Day Half Day	Aug 18 – 22 GOLF ONLY Full Day Half Day	Aug 25 – 29 Full Day Half Day	

Early Morning Drop-off & Late Pick-Up (Please indicate AM and/or PM for selection and required dates)
\$15 per day for either, \$20 for both options!

Monday AM PM	Tuesday AM PM	Wednesday AM PM	Thursday AM PM	Friday AM PM
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----- Bottom portion to be completed by Kingston 1000 Islands Sportsplex and given to payer as receipt -----

Kingston 1000 Islands Sportsplex, 3651 Genge Rd, Kingston, ON K7P 2Z9 ~ 613-507-7678

HST # 882601545RT0001

Kid's Camp Receipt

Date: _____ Name of Payer: _____

Name of Child: _____ DOB: _____

Dates of Camp _____

Amount of Camp _____ Plus 13% hst _____ Total Payment _____

Pmt By _____ Authorized Signature _____



KINGSTON 1000 ISLANDS SPORTSPLEX & WESTBROOK GOLF CLUB
**JUNIOR CAMP
WAIVER FORM**

_____ is hereby given permission to participate in the Kingston 1000 Islands Sportsplex & Westbrook Golf Club Junior Sports Camp. I declare that by signing this form that his or her doctor has deemed him/her medically fit to participate in all activities. In case of accident I understand that I will be contacted and I give permission to have my son/daughter taken for professional medical attention. The employees of Westbrook Golf Club and Kingston 1000 Islands Sportsplex will not be responsible in case of injury. *Inappropriate behavior will result in the cancellation of any further participation in the camp program without refund.*

I give permission for _____ to have his/her photo taken for possible website photo gallery.

Parent/Guardian Signature: _____

Child Health Card #: _____

Date: _____