



CAMP SMITTY SUMMER DAY CAMP FORM 2024

Campers must attend Week 1 to attend Week 2. Registration and payment must be completed at the Municipal Office (49 Bonnechere St. E.) by 4:30pm the Wednesday before attending. Cash, Cheque or Debit payments are accepted. Spaces are limited.

DAY CAMP SESSIONS

Session 1			
Week 1: July 2-July 5 (\$120)	<i>Check Box if Attending</i>	<input type="checkbox"/>	Week 2: July 8-July 10 (\$90)
	<i>Check Box if Attending</i>	<input type="checkbox"/>	

Session 2			
Week 1: July 15-July 19 (\$150)	<i>Check Box if Attending</i>	<input type="checkbox"/>	Week 2: July 22-July 24 (\$90)
	<i>Check Box if Attending</i>	<input type="checkbox"/>	

Session 3			
Week 1: July 29-Aug 2 (\$150)	<i>Check Box if Attending</i>	<input type="checkbox"/>	Week 2: Aug 5-Aug 7 (\$90)
	<i>Check Box if Attending</i>	<input type="checkbox"/>	

Session 4			
Week 1: Aug 12-Aug 16 (\$150)	<i>Check Box if Attending</i>	<input type="checkbox"/>	Week 2: Aug 19-Aug 21 (\$90)
	<i>Check Box if Attending</i>	<input type="checkbox"/>	

CAMPER INFORMATION
Camper's First Name:
Camper's Last Name:
Home Address:
Date of Birth (dd/mm/yyyy): <i>Must be 7 years old as of July 1st, 2024</i>
Health Card No:
Health Concerns:
Dietary Restrictions/Allergies:
Gender:
Friends/Family Also Attending Day Camp:

PARENT/GAURDIAN INFORMATION
Parent/Guardian Name:
Parent/Guardian Phone Number:
Parent/Guardian Email Address:
Parent/Guardian Name:
Parent/Guardian Phone Number:
Parent/Guardian Email Address:
Emergency Contact Name: <i>Someone who can be contacted during a camp session in the event that a parent/guardian cannot be reached.</i>
Emergency Contact Phone Number:
Emergency Contact Relationship to Camper:

Camp Smitty – Summer Day Camp

I, the undersigned, hereby give the child whose name appears above, permission to attend Camp Smitty and participate in the full range of activities. I fully understand and accept that the Camp will make every effort to reach me in case of illness or injury. If I, or the emergency contact listed, cannot be reached promptly, I hereby give permission for my child to be treated for medical emergencies if they arise and I agree to reimburse the Boys and Girls Club of Ottawa/Camp Smitty for any medical/prescription/ambulance expenses incurred by the Club on my child's behalf. I authorize the person in charge of the Camp to care for them as they were their own.

The Undersigned agrees to save harmless and keep indemnified the; Municipality of Bonnechere Valley; Boys and Girls Club of Ottawa/Camp Smitty, their servants and agents, and any other businesses, organizations, and individuals, against any legal liability for losses, damages, claims, actions, demands, suits, and costs, arising directly or indirectly by virtue of enrolment in Camp Smitty.

My child may appear in photographs/videos (printed material, internet/media) used for reporting, publicity purposes and/or promotion of the Municipality of Bonnechere Valley, and the Boys and Girls Club of Ottawa/Camp Smitty.

Parent/Guardian Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

In joint custody situations, both signatures are needed.

I understand that the Boys and Girls Club of Ottawa/Camp Smitty and the Municipality of Bonnechere Valley will not be held responsible for any lost or stolen items.