

Renaissance Day Camps Registration and Release Form

Please complete one of these forms for **each** child you are registering.
All information is required, along with camp fees to reserve your child(ren)'s spot at camp.

**Please mail a registration form for each camper as well as camp fees to:
Camp Registrar 19 Country Court Kirkland, QC H9J 2M8**

Camper's Name - Last: _____ First: _____

Address _____ Please circle T-Shirt size: Youth S M L Adult S M L

Postal Code _____ Hm Phone _____ Mobile _____

RAMQ / Medicare _____ Exp Date _____

Date of Birth - Mth: _____ Day: _____ Year: _____ Grade Completed _____

Allergies: Yes No If yes, to what? _____

Names of Parent/Guardian _____

Phone _____

E-mail Address _____

Emergency Contacts

Name & Phone _____

Name & Phone _____

Please register me for:	Date	Price
<input type="checkbox"/> Karate & Adventure Camp	July 7-11	\$75
<input type="checkbox"/> Basketball & Sports Camp	July 14-18	\$75
Extended Care (8-9am, 4-5pm)		
<input type="checkbox"/> July 7-11		\$25
<input type="checkbox"/> July 14-18		\$25



I, on behalf of myself or the above-mentioned member of my family for whose care I am lawfully bound, hereby consent that he/she may participate fully in the Renaissance Day Camp Program. I hereby release and discharge Renaissance Church, its organizers and its directors from any and all liability.

Printed Name of Parent or Guardian _____

Signature _____ Date _____

For Registrars Use Only:

Camp Fees: _____ \$ _____

Extended Care: # of Wks: _____ x \$25 = _____

TOTAL: _____ \$ _____

Balance Due:

A. Full Payment: Cash Cheque # _____

B. Installments

Deposit of \$50 Cash Cheque # _____

Postdated Cheques

1st Payment - April 15 \$ _____ Cheque # _____

2nd Payment - May 15 \$ _____ Cheque # _____

Received by : _____