

Argyle Recreation Day Camp Registration Form

Name of Child: _____

Date of Birth (mm/dd/yyyy): _____ (note: any child born in 2015
or later cannot attend)

Parent / Guardian: _____

Mailing Address: _____

Postal Code: _____ E-mail: _____

Telephone (H) _____ (W) _____ (C) _____

School attended: _____ Program: French English Immersion

Illness / Allergies: _____

Medications: _____

Any other information we should know: _____

What camp do you plan on attending? _____

Permission, Release and Waiver: By signing the following form, I hereby give permission for my child to attend the Argyle Recreation Day Camp program. In the event it is deemed necessary for my child, I hereby further give permission to any staff member of the day camp, at their discretion, to call an ambulance, which I shall pay for at my expense. Although it is understood that the staff will endeavor to provide maximum supervision, I understand that the Municipality of the District of Argyle and/or the Argyle Municipal Recreation Department shall in no way be responsible for any injury, injuries or loss of property suffered by my child.

I, _____, parent/guardian of _____ for my child, myself as well as our respective heirs, successors, executors and assigns hereby waive and release the Municipality of the District of Argyle and/or the Argyle Municipal Recreation Department, their agents and employees from any and all rights to claim, demands and liability whatsoever my child and/or I may have as a result of injury, injuries and damage to property suffered by my child as a result of his/her participation in the Argyle Recreation Day Camp.

Signature of Parent/Guardian: _____

Date: _____

**Please return this registration form to the Recreation Department
or the Day Camp your child will be attending.**