Camper's Name: _____

Parent/Guardian Name: _____

Camp Session (March, Summer 1, Summer 2, Summer 3): _____

# 2017 ARTS EXPLOSION CAMPER INFORMATION FORM

**CAMPER:** First Name: _____ Last Name: _____

Birth: (yyyy/mm/dd): _____ Medical Information/Special Needs:_____

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**PARENT/GUARDIAN:** First Name: _____ Last Name: _____

Address: _____

Home Phone: _____Cell Phone: _____ Work Phone: _____

e-mail address: _____

☐ Check here to consent to be added to our email list, which we use to notify about camps and other Guelph Dance events.

**REGISTRATION/PAYMENT:**

☐ Payment has been made online via PayPal. ☐ Payment has been done with a cheque.

☐ Check here if you have also registered this camper for post-camp daycare (Monday-Thursday, 4:30-5:30 pm). NOTE: there is no post-camp daycare on Friday due to the Celebration of the Arts showing, beginning at 4 pm.

**CAMP PICKUP:** Please indicate who is authorized to pick up your child, in addition to the above parent/guardian. NOTE: all authorized people must bring photo ID in order to pick up your child.

| Name | Phone Number (s) | Relationship to Child |
|---|---|---|
| | | |
| | | |

**EMERGENCY CONTACTS:**

| Name | Phone Number (s) | Relationship to Child |
|---|---|---|
| | | |
| | | |

**LIABILITY WAIVER**

By signing this form, I am authorizing the above named participant to take part in the full range of offered camp activities. In the case of injury or accident of any kind at the Art Explosion Camp, neither Guelph Dance (GD) or the River Run Centre (RRC), nor any employee, nor volunteer of GD or the RRC will be held liable for the occurrence. I hereby release GD and the RRC, its employees or volunteers from all claims or damage, which may arise out of any loss or personal injury to the named participant in this program.

I authorize that photos taken of my child by GD may be used for future camp promotions. YES ☐ NO ☐

Signature: _____ Date: _____