

MARCH BREAK CAMP - 2012 REGISTRATION FORM

Busy Bees 3 - 4 years ()
Cool Cheetahs 9 – 12 years ()

Mighty Monkeys 5 - 6 years ()
Athletics 9 – 12 years ()

Tumbling Tigers 7 – 8 years ()
Pretty in Pink 9-12 years ()

Participant's Name: _____ Age: _____ DOB: _____ Phone: _____

Siblings registered in the program: _____ Camp: _____

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CAC# _____ CAC Expiry Date _____ Non-CAC _____ Waiver: _____

Date	AM Care 6:30-8:30	MBM 8:30-4:15	Athletics 8:30-4:15	PIP 8:30-4:15	PM Care 4:15-6:00	Total	Receipt #
12 March							
13 March							
14 March							
15 March							
16 March							

NPF Payment information:

Full Name of Person Paying: _____ Date of Birth: _____

Service Number/PRI #/NPF Employee #: _____ Postal Code: _____

Mailing Address: _____

Account #: 34-2127

Refund & Cancellation Policy:

1. The Program Coordinator must approve all refund requests.
2. The white cash register receipt issued is your official receipt.
3. Voluntary withdrawals require two weeks notice for a full refund.
4. With less than two weeks notice, voluntary withdrawals will be subject to a 10% administrative fee.
5. Full refunds will be issued for cancellations due to medical reasons accompanied by a doctor's note or for cancellations due to circumstances out of our control or the facility is closed (i.e. extreme weather, power outages, operational usage, etc.).

Harassment in any form constitutes unacceptable conduct and will not be tolerated. All participants in recreational activities have the right to be treated fairly, respectfully and with dignity in an environment free of harassment. Recreation Club and Activity Harassment Prevention and Resolution Policy – www.cfpsa.com

I have completed a **PERSONAL INFORMATION** form for this child and all information is correct.

By signing below, I agree to and I understand all information on this form.

Date

Guardian Signature