



Summer Day Camp Registration

Bring completed forms or fill out forms at Stinger's Indoor Paintball (125 Stewart Blvd, Unit D, Brockville- formerly Zellers building).

Stingers Indoor Paintball summer day camp is for children ages 6-12. Our camp will offer days packed with fun games and activities to keep them busy and active! Laser-tag, capture the flag, batting cages, soccer, basketball, dodgeball, badminton, volleyball....and yes, splatmaster paintball! We will also be offering some lower key activities and games. Campers will be required to bring peanut free lunches and snacks. The camp will run weekdays the first two weeks of July and the last two weeks of August.

Camper Information:

First Name: _____
Last Name: _____
Birthdate: day ____/month ____/year ____ Current Age: ____
Gender [☐]Male [☐]Female

Parents/Guardians & Emergency Contacts:

(Please list in order of who should be contacted in case of emergency. Attach separate sheet of paper if necessary)

Parent/Guardian: [☐]Mr. [☐]Mrs. [☐]Ms. [☐]Miss

First Name: _____
Last Name: _____
Relationship: _____
Address: _____
City: _____ Province: _____
Postal Code: _____ Email Address: _____
Phone/Cell #: _____ Work # _____

Parent/Guardian: [☐]Mr. [☐]Mrs. [☐]Ms. [☐]Miss

First Name: _____
Last Name: _____
Relationship: _____
Address: _____
City: _____ Province: _____
Postal Code: _____ Email Address: _____
Phone/Cell #: _____ Work# _____

Alternate Pick-up Authorization

In the event that I/We are unable to pick up my/our child, he/she has my/our permission to leave with the following individual(s):

Name: _____ Phone #: _____
Name: _____ Phone #: _____

Additional Information (if applicable): _____

***Please note that alternate pick-up person will be required to present photo ID.

Conditions of Registration & Signatures:

(Read Carefully)

Camper Agreement:

- We reserve the right to dismiss a camper who does not comply with our field safety rules and/or staff direction.
- There will be zero tolerance for bullying, any verbally or physically abusive behaviour toward other children or toward staff.
- Destruction or abuse of equipment or property will also not be tolerated.

[] ****Yes**, I give permission to Stingers indoor Paintball to include my child in photos/videos taken by field staff, and/or photos/videos taken by local media. I understand these photos/videos may be used for promotional purposes (ie: photo gallery, website, brochures, slide shows etc.)

****If** you do not wish to allow your child to be included in any photos/videos, please check boxes below:

[] Photos/Videos prohibited

[] Please check to indicate that your child is aware that he/she must exclude themselves from any/all individual/group photos/videos

(Please note that other campers may bring personal cameras and could take photos at camp that Stingers Indoor Paintball is not responsible for)

Day Camp Fees:

\$35+HST/day if registered with payment by **June 21st, 2019**

\$155+HST/weekly commitment

\$40+HST/day if registered after **June 21st, 2019**

\$180+HST/weekly commitment

*Short holiday weeks will be adjusted accordingly.

*Spaces are limited and will be reserved by paid registration on a first come first serve basis.

*Pre-registration for the special rate before June 23rd requires payment in advance with options of debit/credit/post dated cheques.

Extended Hours Fees:

Early drop-off fee morning (8-9am) \$5/day

Late pick-up fee evening (4-5pm) \$5/day

Days & Times of required extended drop-off/pick-up hours

Total Day Camp Balance Due: \$ _____

Refund and Cancellation

Cancellation fee 7 days in advance of the start date \$20.00. Refunds not issued if the child is withdrawn from day camp early or if the child is dismissed from the program.

Camper Health Information:

Health Card Number: _____ Version Code: _____

Family Doctor Phone #: _____

Address: _____

City: _____

Allergies: Be specific, attach separate page if necessary. If camper requires an EpiPen, they must bring it to camp.

Type of allergy (indicate food, drug, environmental, insect, other allergen)

Reaction and severity (indicate if life threatening), management/treatment/medication:

Is your child presently being treated for injury or illness? Do they require medication?

Yes []

No []

If yes, please explain:

I understand that in the event of a medical emergency involving my child, I will be notified. If I cannot be reached, in the event of injury or illness, I give authorization to Stingers Indoor Paintball staff to seek or provide necessary treatment or medical services. Parent/Guardian signature _____

I understand that any expenses incurred as a result of a medical emergency will not be the responsibility of Stingers Indoor Paintball, I will be responsible for such expenses. Parent/Guardian signature _____

I have read and understand all parts of this registration form, I understand and agree to the expectations and terms outlined.

Signed (Parent/Guardian) _____ Date _____

Please indicate the weeks/days you would like to register:

Week of July 2nd-July 5th [☐]

or individual days:

Tuesday [☐] Wednesday [☐] Thursday [☐] Friday [☐]

Total individual days: _____

Week of July 8th-July 12th [☐]

or individual days:

Monday [☐] Tuesday [☐] Wednesday [☐] Thursday [☐] Friday [☐]

Total individual days: _____

Week of August 19th-August 23rd [☐]

or individual days:

Monday [☐] Tuesday [☐] Wednesday [☐] Thursday [☐] Friday [☐]

Total individual days: _____

Week of August 26th-August 30st [☐]

or individual days:

Monday [☐] Tuesday [☐] Wednesday [☐] Thursday [☐] Friday [☐]

Total individual days: _____