



**TOWN OF POUCH COVE**

660 Main Road  
PO Box 59  
Pouch Cove, NL  
A0A 3L0

(709) 335-2848 (ph)  
(709) 335-2840 (fa)  
info@pouchcove.ca  
www.pouchcove.ca

**SUMMER CAMP REGISTRATION PACKAGE**

**PARTICIPANT INFORMATION**

FIRST NAME: \_\_\_\_\_

GENDER:  MALE  FEMALE

LAST NAME: \_\_\_\_\_

DOB: \_\_\_\_\_  
MONTH DAY YEAR

WEEKS REGISTERED:  1 JUL 8-12  2 JUL 15-19  3 JUL 22-26

4 JUL 29-AUG 2  5 AUG 5-9  6 AUG 12-16  7 AUG 19-23

TSHIRT SIZE: CHILD  S  M  L  XL

ADULT  S  M  L  XL

**MEDICAL INFORMATION**

MCP NUMBER: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_  
\_\_\_\_\_

DOES YOUR CHILD CARRY AN EPI-PEN?  YES  NO

DOES YOUR CHILD HAVE ANY SPECIAL NEEDS, REQUIREMENTS, OR DISORDERS THAT WOULD INHIBIT THEM FROM PARTICIPATING IN ANY PROGRAM ACTIVITIES?  YES  NO

IF YES, PLEASE LIST/EXPLAIN:

\_\_\_\_\_  
\_\_\_\_\_

OTHER THAN AN EPI-PEN, WILL YOUR CHILD BE TAKING MEDICATION DURING THE DURATION OF THE PROGRAM? IF YES, PLEASE COMPLETE A MEDICAL CONSENT FORM PRIOR TO THE FIRST DAY.

**GUARDIAN INFORMATION**

FIRST NAME: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

LAST NAME: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

FIRST NAME \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

LAST NAME \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

RELATION TO PARTICIPANT \_\_\_\_\_



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**DROP OFF/PICK UP INFORMATION**

**PLEASE LIST ANY PERSONS WHO ARE AUTHORIZED TO PICK UP YOUR CHILD FROM THE PROGRAM:**

NAME	RELATION TO CHILD	CONTACT NUMBER

**CONSENT**

**I AGREE AND UNDERSTAND THAT IN THE EVENT OF AN EMERGENCY, THE TOWN OF POUCH COVE STAFF WILL TAKE APPROPRIATE ACTION.**

YES       NO

**I GIVE PERMISSION TO USE PHOTOGRAPHS, OF THE ABOVE PARTICIPANT, IN ANY PROMOTIONAL MATERIALS (I.E. PRINT, WEBSITE, TELEVISION). I FULLY UNDERSTAND THAT THERE WILL BE NO COMPENSATION PAID TO THE PARTICIPANT, OR PARENT/GUARDIAN OF THE PARTICIPANT, IN EXCHANGE FOR USE OF THE PHOTOGRAPH. AS WELL, THE TOWN OF POUCH COVE HAS PERMISSION TO CHANGE THE IMAGE (I.E. BY CROPPING OR DIGITAL MANIPULATION).**

YES       NO

**I HEREBY SUBMIT THIS REGISTRATION FORM AND CONFIRM THAT THE INFORMATION SUPPLIED IS CORRECT.**

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE



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## SUMMER CAMP PROGRAM PAYMENT AGREEMENT

### PARTICIPANT INFORMATION

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

### PAYMENT INFORMATION

**PAYMENTS WILL BE PROCESSED BI-WEEKLY, TWO WEEKS IN ADVANCE. PAYMENT SCHEDULE BELOW:**

PAYMENTS FOR WEEKS 1 & 2	<input type="checkbox"/> JUL 8-12	<input type="checkbox"/> JUL 15-19	<b>PROCESSED ON JUNE 24</b>
PAYMENTS FOR WEEKS 3 & 4	<input type="checkbox"/> JUL 22-26	<input type="checkbox"/> JUL 29-AUG 2	<b>PROCESSED ON JULY 8</b>
PAYMENTS FOR WEEKS 5 & 6	<input type="checkbox"/> AUG 5-9	<input type="checkbox"/> AUG 12-16	<b>PROCESSED ON JULY 22</b>
PAYMENTS FOR WEEK 7	<input type="checkbox"/> AUG 19-23		<b>PROCESSED ON AUGUST 5</b>

NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

METHOD OF PAYMENT:  VISA  MASTERCARD  
 POST DATED CHEQUE (MUST BE DATED WITH ABOVE NOTED DATES)

CARD NUMBER: \_\_\_\_\_ EXPIRY \_\_\_\_\_

**I GIVE PERMISSION TO THE TOWN OF POUCH COVE TO USE MY CREDIT CARD INFORMATION.**

#### REFUND POLICY

A REFUND WILL ONLY BE GIVEN WITH WRITTEN MEDICAL DOCUMENTATION THAT STATES THE PARTICIPANT IS NO LONGER ABLE TO BE PART IN THE PROGRAM. REFUNDS WILL NOT BE GIVEN DUE TO MISSED PROGRAM DAYS OR HOLIDAYS. THE TOWN OF POUCH COVE RESERVES THE RIGHT TO REFUSE A REFUND DUE TO REMOVAL BECAUSE OF BEHAVIORAL CONCERNS.

**I ACKNOWLEDGE THAT MY CHILD WILL BE ATTENDING THE PROGRAM ON THE DAYS REGISTERED. I HAVE READ AND UNDERSTAND THE REFUND POLICY FOR THE TOWN OF POUCH COVE SUMMER CAMP PROGRAM.**

**IF YOUR CHILD WILL BE LEAVING THE PROGRAM, TWO WEEKS NOTICE IS RESQUIRED.**

**I HEREBY SUBMIT THIS PAYMENT AGREEMENT FORM AND CONFIRM THAT THE INFORMATION SUPPLIED IS CORRECT.**

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE