





**TOWN OF POUCH COVE**

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**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 CONFIRM THAT I HAVE FULLY REGISTERED MY CHILD FOR SUMMER CAMP PROGRAMMING, I UNDERSTAND THE RULES AND DETAILS OF SUMMER CAMP AND ATTEST THAT THE INFORMATION SUPPLIED IS CORRECT.**

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

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

**REFUND POLICY**

**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 REQUIRED.**

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

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

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE