

Camp Glenwood Day Camp Registration Form

Rick and Leisa Olson 403.505.5025 summercamp.fusefamilyfocus.com

Camper's Name : _____ Camper's Birthdate: _____

Camper's Address : _____ City: _____ Postal Code: _____

Mom's Name : _____ Mom's Cell: _____

Dad's Name : _____ Dad's Cell: _____

Mom's email: _____ Dad's email: _____

Emergency Contact : _____ Cell: _____

The following have permission to pick up my child. (Other than parents)

Name:	Relationship:	Cell #
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Medical or Emotional Issues we need to know about. Allergies, Asthma, Anxiety etc.

I am registering my child for Camp Glenwood:

- | | |
|---|--|
| <input type="checkbox"/> Camp 1 July 22 – 26 \$175 | <input type="checkbox"/> Camp 2 July 29 – August 2 \$175 |
| <input type="checkbox"/> Camp 3 August 6 – 9 \$140 | <input type="checkbox"/> Camp 4 August 12 – 16 \$175 |
| <input type="checkbox"/> Family plan (2 or more children) \$150 per child 5 day camp \$120 per child 4 day camp | |

Payment: Cash or Cheque to the Glenwood Village office payable to Rick and Leisa Olson or E-transfer to admin@FuseFamilyFocus.com

Security Question: What is this for? Answer: Summer Camp

Camp size is 16 children, you will receive a confirmation call and or email.

Code of Conduct:

The safety of each child is of utmost importance to us. Each registrant must recognize a personal responsibility to follow the safety rules, and other rules set out by the group. I hereby agree that any behaviour of my child that places them self or others at risk may result in my child's dismissal from Camp Glenwood. I also agree that in the case of dismissal there will not be a refund for the program.

I have read and acknowledged the Code of Conduct: _____

I hereby give permission for:

_____ to participate in Camp Glenwood Day Camp

I declare that I am the parent or legal guardian of the above named child, and I have custody and control of the child. In the event my child is injured or should require medical attention, I hereby request that you contact me or our emergency contact. In the event that we cannot be reached, I hereby authorize Rick and Leisa Olson, leaders of Camp Glenwood to secure necessary medical treatment for my child. I further understand that my child may be involved in physical group games, walks around the village, and other summer camp activities and hereby waive, release, absolve, and indemnify and agree to hold harmless the Camp Glenwood leaders for any claim arising out of accidental injury to my child.

- I also give my permission for my child to have their picture taken and or be a part of a video presentation put on by the children. Pictures and video presentation will only be emailed to parents of children in Camp Glenwood.

My signature indicated that I have read, understand, and agree to the terms of the above RELEASE FROM LIABILITY.

Parent/Guardian Signature

Date

We look forward to getting to know you and your child and creating many fun and happy memories with your child this summer.

Rick and Leisa Olson Camp Glenwood Leaders
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