



# 2018-2019 Winter Camp Registration Form

To register, please complete a registration form and send to Rollerplex via e-mail.  
 E-mailed registrations will only reserve your spot for 1 week until payment is received.  
**Please complete a separate form for each child.**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

CAMP SESSION	DATES	SESSION	BEFORE CARE	AFTER CARE
Session 1 (1 Day)	Thursday, December 27, 2018	Full <input type="checkbox"/> Half <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Session 2 (1 Day)	Friday, December 28, 2018	Full <input type="checkbox"/> Half <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Session 3 (1 Day)	Wednesday, January 2, 2019	Full <input type="checkbox"/> Half <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Session 4 (1 Day)	Thursday, January 3, 2019	Full <input type="checkbox"/> Half <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Session 5 (1 Day)	Friday, January 4, 2019	Full <input type="checkbox"/> Half <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

## PRICE MATRIX

Full Day	Half-Day	Before Care	After Care
8:30AM-3:30PM	8:30AM- 12:15PM	7:30 -8:30 AM	3:30-5:30PM
\$30.00 per session	\$20.00 per session	\$8.00 per session	\$8.00 per session

*\*Prices quoted do not include HST*

## PAYMENT

Must be *made in-store, over the phone or via e-transfer* to Rollerplex Entertainment Centre.

**For E-transfer Payments:** Please send balance to [info@rollerplex.ca](mailto:info@rollerplex.ca)

Security Question: Winter Camp Payment – [LAST NAME]

Security Answer: [CHILD FIRST NAME]

**For Over-the Phone Payments:** Please have all credit card information ready to be collected for processing.

PROGRAM COST: \$ \_\_\_\_\_ + HST

**Please send completed form and payment to:**

Rollerplex Entertainment Centre - 284 Orenda Road, Unit 11-1, Brampton, ON **OR** [info@rollerplex.ca](mailto:info@rollerplex.ca)

### AUTHORIZATION

I/We grant permission for our child named above to take part in Rollerplex Winter Camp and I/we agree to assume financial responsibility in case of injury or accident arising out of such event. In case of injury or illness, I/we authorize Rollerplex Winter Camp staff to administer treatment, and in such case, it is understood that Rollerplex Entertainment Centre is not responsible for medical costs.  
 Photo/Video Release: I/we give permission to use my child's photo/video in any Rollerplex Winter Camp promotional material (i.e. newsletter, social media or other related publication).

DATE: \_\_\_\_\_ PARENT/GUARDIAN SIGNIATURE: \_\_\_\_\_

**CAMPER INFORMATION (Please print legibly)**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: (mm/dd/yy) \_\_\_\_\_ Age at Camp: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Parent/Guardian #1: \_\_\_\_\_ Work#: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email: \_\_\_\_\_

Parent/Guardian #2: \_\_\_\_\_ Work#: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email: \_\_\_\_\_

**Emergency Contact** (\*other than parents): \_\_\_\_\_ Relationship to camper: \_\_\_\_\_

Only contacted when we cannot get in touch with a parent/guardian. Please ensure emergency person is aware that your child is at camp.

Emergency Contact Home phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

**Pease list first and last names of who IS authorized to pick up your child (\*INCLUDING yourself):**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**CONFIDENTIAL HEALTH INFORMATION**

Health Card Number: \_\_\_\_\_ Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

*Please list any medications being taken to camp and their specific directions for use:*

Medication: \_\_\_\_\_

My child is allergic to: \_\_\_\_\_ Severity of Allergy: \_\_\_\_\_ Treatment: \_\_\_\_\_

My child is allergic to: \_\_\_\_\_ Severity of Allergy: \_\_\_\_\_ Treatment: \_\_\_\_\_

In order to make your child's camp experience a positive one, please let us know if your child has any behaviour/ social/ emotional challenges: \_\_\_\_\_

Please provide us any information about your child that you feel will assess us ( tips/strategies that work for you): \_\_\_\_\_

Does your child have any special dietary requirements? \_\_\_\_\_