



Nature Nuts Camps REGISTRATION FORM

Summer 2021



CAMPER INFORMATION

Camper Name:		Date of Birth:	MM/DD/YYYY	Age	
Health Card #:		Doctor's Name:			

MEDICAL INFORMATION

Please check the appropriate box and answer the following questions:	Yes	No
Does the camper have a disability that you would like us to be aware of? If yes, please specify.	<input type="checkbox"/>	<input type="checkbox"/>
Are there any concerns (physical/social etc. that you would like us to be aware of in order that we may assist in your camper's adjustment in the camp? If yes, please specify.	<input type="checkbox"/>	<input type="checkbox"/>
Does the camper have any allergies that you would like us to be aware of? If yes, please specify.	<input type="checkbox"/>	<input type="checkbox"/>
Does the camper carry an epi-pen?	<input type="checkbox"/>	<input type="checkbox"/>

PRIMARY CONTACT INFORMATION

Primary Contact Name:			
Address:			
City:	Province: ON	Postal Code:	
Phone:	Cell:	Email:	

EMERGENCY CONTACT INFORMATION (must be different than primary contact)

Name:	Relationship:	Phone:
		Cell:
		Permission to pick up child? <input type="checkbox"/> Yes <input type="checkbox"/> No
Please list any other individuals who have permission to pick up your child:		

HOW DID YOU HEAR ABOUT NATURE NUTS CAMPS?

Previous Camper GRCA E-news Social Media Website Other _____

CONSENT AND WAIVER

While my child attends Nature Nuts Camps, I understand that there are risks involved in participating in an activity or program and assume all responsibility for any injury, death, loss or damage, which he/she might suffer in connection with their participation in camp programs,

In addition, I, for myself, my child, any of my personal representatives, heirs, or successors, release and discharge Ganaraska Region Conservation Authority, its directors, officers and employees and their respective agents, officials, servants, and representatives from any and all claims and action, occurrence, accident, loss, damage, injury, cost, expense, fees, charges, fines, penalties or other amount that, directly or indirectly, is, or is alleged, to be caused by, contributed to or results or arises from (in whole or in part, regardless of any other cause or event contributing concurrently or in any sequence and notwithstanding any continuous or repeated exposure to) covid-19 or other contagious, infectious or communicable disease, illnesses or viruses, or the fear or threat thereof, I may ever have in connection with the above event, and waive all my rights thereto.

I acknowledge having read, understand and agree to all of the above terms and conditions.

Signature (Parent/Guardian):

Date:

PHOTO WAIVER

I hereby give Ganaraska Region Conservation Authority the right and permission to publish/broadcast, without charge, photographs/images/videos taken of the above listed participant during his or her participation in Nature Nuts Camps. These photographs/images/videos may be used in publication, including electronic publications during TV broadcast or in audiovisual presentations, promotional literature, and advertising or in other ways. This material remains the property of the GRCA.

I understand and agree to all of the above terms and conditions.

Signature (Parent/Guardian):

Date

REGISTRATION FORMS MAY BE SUBMITTED BY

Email: info@grca.on.ca

Fax: (905) 885 - 9824

Mail: GRCA 2216 County Road 28 Port Hope, ON L1A 3V8

NATURE NUTS SUMMER CAMP SCHEDULE

Please select the weeks of camp you will be attending:

- Survival Week - Part 1, Jul 5-9**
- Mad Scientist, Jul 12-16**
- Are You Game?, Jul 19-23**
- All Creatures Big and Small, Jul 26-30**



- Our Flying Friends, Aug 9-13**
- Survival Week - Part 2, Aug 16-20**
- Crafty by Nature, Aug 23-27**
- Best of Camp, Aug 30-Sept 3**

ADMINISTRATIVE USE ONLY

Date Received:

Receipt No.:

Provided NN Checklist

Registration Processed by:





CAMP & EXTENDED CARE FEES

Camp Fee: \$195 per week per child

Extended Care Fees: Morning and/or Afternoon Extended Care Available (Supervised Free Play)
\$30 per day or \$15 for morning or afternoon only

PLEASE NOTE: Extended Care **MORNING Drop-off starts at 7:45 am** and **AFTERNOON pick-up ends at 5:00 pm**

WEEKLY CAMP FEE: \$ 195.00

EXTENDED CARE NEEDS:	MON	TUE	WED	THU	FRI	
	<input type="radio"/> am only \$15	<input type="radio"/> am only \$15	<input type="radio"/> am only \$15	<input type="radio"/> am only \$15	<input type="radio"/> am only \$15	\$
	<input type="radio"/> pm only \$15	<input type="radio"/> pm only \$15	<input type="radio"/> pm only \$15	<input type="radio"/> pm only \$15	<input type="radio"/> pm only \$15	
	<input type="radio"/> both \$30	<input type="radio"/> both \$30	<input type="radio"/> both \$30	<input type="radio"/> both \$30	<input type="radio"/> both \$30	
TOTAL						\$

PAYMENT INFORMATION (Note: To be considered registered, payment must accompany this form)

Payment Method: Visa MasterCard AMEX Cash Debit Cheque (made payable to GRCA)

Card #																							Expiry:							CV Code:						
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I authorize Ganaraska Region Conservation Authority to debit my card in the amount of \$ _____

Name on Card:

Signature:

CANCELLATION AND REFUND POLICY

The Nature Nuts Camp registration fee must be **paid in full** at time of enrollment. Please note that \$50 of the registration fee (per week camp) is non-refundable, barring medical issues (see below) or cancellation of camp by the Ganaraska Region Conservation Authority (GRCA) due to low registration.

In the case of a medical emergency, the request for a refund must be made in writing with documentation from your child's physician and will be dealt with on a case-by-case basis.

If a cancellation occurs 15-30 days prior to start date of Camp, a refund will be issued minus \$50 (as noted above). If a cancellation occurs 2 weeks prior to start date of Camp, no refund will be issued.

LATE FEE CHARGE

If a child is not picked up on time at the end of each camp day, there will be a \$15 extended care fee for every 15 minutes late.

TERMINATION OF SERVICES

The GRCA reserves the right to deny or terminate its services if a camper is disruptive, physically or verbally assaults another camper, or staff, or will not listen to instructions from camp personnel. If this occurs, the child will be asked to leave camp and **no refund** will be given to the parent/guardian.

Signature (Parent/Guardian):

Date: