

## Town of Swan River Recreation Department

Program Registering For: Kidz Kamp

Participant Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Main Phone #: \_\_\_\_\_ Second Phone #: \_\_\_\_\_

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

Medical Conditions/Allergies: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #(s): \_\_\_\_\_

I/we grant permission to the Town of Swan River Recreation Department to use the image of my child for professional use. This may include the display, publication, or otherwise use of photographs, images, and/or videos taken of my child for use in materials that include, but may not be limited to, printed materials such as brochures and newsletters, videos, and digital images, such as those on the website, Facebook & Twitter.

Yes: \_\_\_\_\_ No: \_\_\_\_\_ Initial: \_\_\_\_\_

### For Sports/Recreational Activities:

I/we hereby acknowledge and accept the inherent risk in participating in sport/recreational activities. I/we assume responsibility for our child for their personal health, medical, dental, and accident coverage.

I/we have read and understand the above and grant permission for my/our child to participate.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

6-Digit Manitoba Health #: \_\_\_\_\_ 9-Digit Manitoba Health #: \_\_\_\_\_

### KIDZ KAMP 2024 (Please Circle Weeks Attending)

**Week 1 July 2-5 \$100      Week 2 July 8-12 \$125**

**Week 3 July 15-19 \$125      Week 4 July 22-25 \$125**