

# Magnitude March Break Camp Registration Form 2012

MARCH 12<sup>TH</sup> – MARCH 16<sup>TH</sup> 8:30am – 5:30pm

Cost is \$199 + HST. Please bring a deposit of \$75 when handing in your registration form along with a post-dated cheque for the balance \$149.<sup>87</sup>, dated March 12, 2012.

**\*\*For extended hours**, please add \$1.<sup>50</sup> for either the am or pm or \$3.<sup>00</sup> for both for each day needed. (Tax incl.)

**Monday** – Kids Sports **Tuesday** – Movie Theatre **Wednesday** – Wizard World **Thursday** – Laserquest **Friday** - Playdium

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

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Male  Female

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

City: \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone (H): \_\_\_\_\_ Phone (W): \_\_\_\_\_ Cellular: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Number to be reached: (\_\_\_\_) \_\_\_\_\_

Health Card No. \_\_\_\_\_

**EXTENDED HOURS** (Times may vary with location. Please check before filling out)

**Early Hour 8:00am – 8:30am** Please check off early hour days below (Add \$1.50 for each box checked)

Monday March 12<sup>th</sup>  Tuesday March 13<sup>th</sup>  Wednesday March 14<sup>th</sup>  Thursday March 15<sup>th</sup>  Friday March 16<sup>th</sup>

**Late Hour 5:30pm – 6:00pm** Please check off late hour days below (Add \$1.50 for each box checked)

Monday March 12<sup>th</sup>  Tuesday March 13<sup>th</sup>  Wednesday March 14<sup>th</sup>  Thursday March 15<sup>th</sup>  Friday March 16<sup>th</sup>

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**Person (s) Authorized to pick up child**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

Please describe any allergies or medical conditions: \_\_\_\_\_

**MEDICAL CONSENT STATEMENT** I have provided Magnitude with all the necessary medical information and I can be reached at the number(s) listed. I authorize Magnitude's staff to administer first aid to my child/ward and to secure medical care for my child/ward in an emergency as deemed appropriate by the attending physician(s).

**CONSENT FORM** I agree that as a participant in Magnitude's March Break Camp, my child/ward \_\_\_\_\_ will participate in activities at Magnitude as well as a variety of other locations. I agree that the choice to participate brings with it the assumptions of those risks and results, which are part of these activities. I agree that Magnitude Well-Being Centre, and their trustees, officers, directors, employees, agents and independent contractors shall not be liable for any injury to my child/ward or loss or damage to my child/ward's personal property arising from, or in any way resulting from my child/ward's participation in these activities.

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

Name of Parent or Guardian: \_\_\_\_\_ Signature: \_\_\_\_\_