

Day Camp Registration Form  
Langenburg Summer Dayz 2023

Fill out the form carefully to register your child, you must fill out an additional form for each child you register!

Participants Information  
Personal & Health & Contact

**Name \***

First Name

Last Name

**Age (at time of camp)**

**Address**

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

**Child's Health Card #**

**List any concerns or information to help with your child**

Parent / Guardian Information (Main Contact)  
(All correspondence and and invoices will be sent to this person)

**First Contact \***

First Name      Last Name

**Email**

example@example.com

**Cell Phone \***

Area Code      Phone Number

**Work Phone**

Area Code      Phone Number

**Address**

Street Address

Street Address Line 2

City      State / Province

Postal / Zip Code

## Occupation

## Relationship with the Participant

Parent / Guardian Information  
Second Contact Person

## Second Contact

First Name      Last Name

## Phone

Area Code      Phone Number

## Relationship with the Camper

Program Information  
Program & Transportation & Payment



## Terms & Conditions

Elements of Risk: Summer activity programs, such as the Summer Dayz Program may contain certain elements of risk. The instructors will attempt to minimize these risks by providing the appropriate level of supervision while the children are under their care. Accidents may, however, occur while participating in these activities, and these accidents may cause injury. The accidents that may result from the nature of this program can occur without any fault on either the part of the child or the Langenburg Summer Dayz Program and its instructors and employees. By choosing to participate in this program, you, as a parent or guardian, are assuming the risk of an accident occurring that involves your child. The chances of an accident occurring can be greatly reduced by having your child listen to and carefully follow the leader's instructions at all times. Waiver: I have read the above, and I certify that my child is in good health and able to participate in vigorous activities through Langenburg Summer Dayz Program and I authorize the directors to seek emergency medical treatment if it is deemed necessary. This also assures that I release the instructors, facilities and Langenburg Summer Dayz Program from any and all liability from any injury or illness incurred going to and from the program and while participating in a program. I agree to hold harmless the instructors, facilities, Langenburg Summer Dayz Program and its operators of all liabilities for losses and/or damages of all and every description.

## Date

Month   Day   Year

## Please Select Week: \*

- Week 1 July 3-6
- Week 2 July 10-13
- Week 3 July 17-20
- Week 4 July 24-27
- Week 5 July 31-Aug 3
- Week 6 Aug 8-10 STAT
- Week 7 Aug 14-17
- Week 8 Aug 21-24

## Select Day \$12.00 per day

- |             |              |
|-------------|--------------|
| Mon July 3  | Tue July 4   |
| Wed July 5  | Thur July 6  |
| Mon July 10 | Tue July 11  |
| Wed July 12 | Thur July 13 |
| Mon July 17 | Tue July 18  |
| Wed July 19 | Thur July 20 |
| Mon July 24 | Tue July 25  |
| Wed July 26 | Thur July 27 |
| Mon July 31 | Tue Aug 1    |
| Wed Aug 2   | Thur Aug 3   |
| Mon STAT    | Tue Aug 8    |

Wed Aug 9

Mon Aug 14

Wed Aug 16

Thur Aug 10

Tue Aug 15

Thur Aug 17

**Payment Type**

Check enclosed (Town of Langenburg)

E-Transfer ([office@langenburg.ca](mailto:office@langenburg.ca))

Cash

**Registrations may be emailed to the Town Office at [office@langenburg.ca](mailto:office@langenburg.ca) or dropped off in the overnight 'Book Return' box at the office located at 202 Wells Avenue West.**