

SUMMER CAMP 2025 APPLICATION FORM

Use this form to register for one or more of our Summer Camps at Country Heritage Park. Camp is for children in Grade 1 to Grade 4.

Because space is limited, submitting a Camp application form does not guarantee enrollment. Upon receiving your completed form, we will contact you with instructions for finalizing your booking and providing payment. Incomplete forms will not be processed.

This application may only be completed by a parent or legal guardian of a minor having legal authority to enter into an agreement on behalf of the minor ("parent/guardian").

Please print clearly and use one form per child. Keep a copy of your completed form(s). If you have questions, please contact us at (905) 878 - 8151 or at education@countryheritagepark.com - subject line "Summer Camp".

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CAMPER INFORMATION						
First Name	Last Name					
Grade at time of Camp	(restricted to children grades 1 to grade 4)	Age at time of Camp				
PARENT/GUARDIAN INFO	DRMATION					
	guardian for this participant should be listed below, ascicipant's information before and/or during Camp. (Fo					
authorized to pick up this partic	cipant).					
First Name	Last Name					
Address	City					
Province	Postal Code					
Primary Tel/Cell	Alternate Tel					
Email						
(Camp communications will be	e emailed to this address)					
EMERGENCY CONTACT						
Please provide an emergency of	contact for us to reach out to in the event we cannot re	each the parent/guardian listed above				
First Name	Last Name					
Tel						
PERSON(S) AUTHORIZED	TO PICK UP CAMPER					
The Country Heritage Agricultur	al Society also known as the Country Heritage Park, ma	ay release my child into the care of the				
	ne Camp day or at the end of the Camp day. Only the emergency contact will be able to pick up my child.					
show personal photo identificat	tion. Each name listed here must match the name on t	he identification.				
First Name	Last Name	Last Name				
First Name	Last Name	Last Name				
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SUMMER CAMP 2025 APPLICATION FORM (Continued)

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If necessary, do you give Country Heritage Park authority to administer the above medications (please provide written instructions on first day of Camp)	Does your child	have any alle	rgies that we r	need to be aw	are of?					-
If necessary, do you give Country Heritage Park authority to administer the above medications (please provide written instructions on first day of Camp). Does your child require any accessibility or other accomodations? Please provide any information we may need below. PRORAM REGISTRATION WEEKLY CAMP: Grades 1 - 4 Weekly Camp lee is \$250 per child, HST Exempt, as Country Heritage Park is a Registered Charity. Extended Care is available from 4PM to 5PM seach day of camp, for \$10 per day - \$50 for the week, HST exempt. Fees wolved for Support Persons accompanying Camp participants with special needs. Support persons must be 18+ and adhere to Country Heritage Park's general public health requirements. Please contact us if your child will be accompanied by a Support Person. Wilderness Wonders July 7 - 11 2025 Magic & Mystery July 14 - 18 2025	Does your child	require any m	nedication / ac	commodatio	ns for these allergies					_
Instructions on first day of Camp). Does your child require any accessibility or other accomodations? Please provide any information we may need below. PRORAM REGISTRATION WEEKLY CAMP: Grades 1 - 4 Weekly Camp lee is \$250 per child, HST Exempt, as Country Heritage Park is a Registered Charity, Extended Care is available from APM to 5PM each day of camp, for \$10 per day \$50 for the week, HST exempt. Fees waived for Support Persons accompanying Camp participants with special needs. Support persons must be 18+ and adhere to Country Heritage Park's general public health requirements. Please contact us if your child will be accompanied by a support Person. Wilderness Wonders July 7 - 11 2025 Magic & Mystery July 14 - 18 2025	Is your child ab	le to self-adm	inister any med	dication need	ed?					
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SUMMER CAMP 2025 APPLICATION FORM (Continued)

PAYMENT

Upon receipt of your booking form, a Country Heritage Park representative will contact you for credit card payment details (Visa, MasterCard or AMEX only.) To protect your private financial data, please do NOT mail, fax or email credit card/payment information.

CANCELLATION/MODIFICATION POLICY

Cancellations received prior to Friday, June 6, 2025 will be refunded 50% of registration fees. No refunds will be given for cancellations after Friday, June 6, 2025.

CAMP PARTICIPATION WAIVER AND MEDICAL CONSENT STATEMENTS Please read carefully:

- 1. I understand as a parent/guardian of a child who is a participant in Camp at Country Heritage Agricultural Society, also known as Country Heritage Park ("Country Heritage Park"), my child will participate in activities including but not limited to physical activities, group games and learning activities on the grounds of Country Heritage Park.
- 2. I agree that the choice to participate brings with it the assumption of those risks and results that are part of these activities resulting from any cause whatsoever including, but not limited to: missed doses of medication; contracting COVID-19; scrapes, bruises, fractures and other injuries sustained in physical activity indoors and outdoors.
- 3. I agree that the Country Heritage Agricultural Society (Country Heritage Park), its trustees, officers, directors, employees, agents and independent contractors, shall not be liable for any personal injury to my child or any loss/damage to my child's personal property arising from, or in any way resulting from, my child's participation in these activities due to any cause whatsoever, including negligence, breach of contract, or breach of any statutory duty of care or other duty of care, including any duty of care owed under any applicable occupier's liability legislation.
- 4. I authorize the Country Heritage Agricultural Society (Country Heritage Park) to administer first aid to my child and to secure medical care for my child in an emergency as deemed appropriate by the attending physician(s).
- 5. I certify that the information provided in this registration form is, to my knowledge, true and complete.
- 6. I have read and understood the above waiver and consent and confirm that I am the parent or legal guardian of the child mentioned herein who is a minor.
- 7. I confirm that I have the complete custody, care and control of the minor and have the legal authority.

 I have read and agree to these terms

ACKNOWLEDGMENT

- Review of Camp Participation Waiver: I have had full opportunity to review the Waiver and fully understand the
 terms of the Waiver and the fact that I am waiving certain legal rights which my child or their heirs, next of kin,
 executors, administrators, assigns and representatives may have against the Country Heritage Agricultural
 Society (Country Heritage Park).
- 2. **Opportunity to Obtain Independent Legal Advice:** I have had full opportunity to obtain independent legal advice relating to the **Waiver.**
- 3. **No Pressure or Influence:** I am granting this **Waiver** freely and voluntarily and as my own act without any pressure or influence from or by any person.
- 4. **Reliance:** The Country Heritage Agricultural Society (Country Heritage Park) is relying on this Acknowledgment and Waiver in entering into this Agreement.

Name of parent/legal guardian	 Date
Signature of parent/legal guardian_	

Any personal information collected in this form and during the program is collected under the authority of the Country Heritage Agricultural Society (Country Heritage Park), for registration, administration of the program, and facilitation of the program which may include recording the program or taking screenshot photographs of the program. If you have any questions about this collection please contact: Education Manager, Country Heritage Park; 8560 Tremaine Road, Milton ON L9T 2X3. Phone: (905) 878-8151. Email: education@countryheritagepark.com.

