

Kinap Athletic Club

Daycamp and Paddling Program
Information Form Year 2011



181 Greenough Drive
Porters Lake, NS
B3E 1L2
(902) 827-5850

Official use only: FM IM NM Date Rec'd:

PLEASE FILLOUT ONE PER CHILD OR ADULT

PERSONAL INFORMATION

Name:	Date of Birth (M/D/Y eg mar 21, 1995):	
Street Address:	City:	Age of Daycamper/Paddler as of Jan 1, 2011:
Province:	Postal Code:	Phone Number:
Paddlers only - if transferring from another club, state club's name:		

CONTACT INFORMATION

Parent or Guardian's Name:	Occupation & Employer:	
Home Phone:	Work Phone:	Cell Phone:
Email address:		
Parent or Guardian's Name:	Occupation & Employer:	
Home Phone:	Work Phone:	Cell Phone:
Email Address:		

DAYCAMP PICKUP AUTHORIZATION

Persons authorized to pickup daycamper:	Contact Telephone #:

MEDICAL INFORMATION

Family Doctor:	Phone Number:
Emergency Contact Name: (other than those named above)	Phone Number:
Health Card Number:	Expiry Date:
Allergies or Health Concerns:	
Payment Fundraising: - each member and non-member daycamper registered is required to sell	
Lotto Draw Tickets 20 tickets per paddler/daycamper \$2.00@	\$20.00 x ____ daycamper(s) = _____
Quilt Tickets 20 tickets per paddler/daycamper \$2.00 @	\$20.00 x ____ daycamper(s) = _____

**Outside of scheduled paddling instruction an adult must supervise the children under the age of 12 years, as of January 1, 2011 unless enrolled in Kinap's Day Camp Program.*

WAIVER

I/We hereby release, remise and discharge the Kinap Athletic Club, its Board of Directors, staff, members, and/or volunteers from any claims whatsoever resulting from or arising out of personal injuries of, or illness sustained in, on or about the premises, or from use of the Club Facilities or equipment, or in conjunction with any of the Clubs programs. Club members and guests use the Club facilities at their own risk.

Signature
(if under 18 years of age a parent or guardian must sign)

Date

Childs Name: _____

PHOTO RELEASE:

In the course of activities, pictures may be taken and recordings may be made. Please advise us if you are willing to have your child's/ward's photograph used in the promotion of Kinap Athletic Club, as indicated below.

I, on behalf of my child/ward, give permission to Kinap Athletic Club to photograph my child/ward and use my child/ward's photograph in promotion of Kinap on its website, in the club house, at fundraising events and advertising. I, on behalf of my child/ward assign and transfer to Kinap Athletic Club any and all rights, including copyrights, which my child/ward may have on this material.

Parent/Guardian Signature: _____

Date: _____

Witnessed by: _____

Date: _____

CANTEEN ACCOUNT AGREEMENT:

All accounts at the canteen must be prepaid. The canteen will no longer be extending credit to customers. In the event, that a child arrives at the canteen without lunch and or funds to purchase lunch, parents will be contacted to allow a short term credit allowance. If credit is extended it must be paid at the end of each day.

Parent/Guardian Signature: _____

Date: _____

PLEASE NOTE:

- Kinap is registered for the Active Living Grant available on your income tax return (membership and paddling fees apply)
 - Daycamp bookings are accepted with postdated cheques only (see daycamp attendance form)
 - Daycamp receipts are mailed
 - If you require your receipts to be made out to someone other than those listed above please indicate in the space below:
 - Sunscreen authorization attached must accompany this form
- _____