

# MARCH BUG CAMP REGISTRATION 2016



Child's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Male: \_\_\_\_ Female: \_\_\_\_ Have you attended bug camp before? \_\_\_\_\_

If so, what year did you attend? \_\_\_\_\_

Parents/Guardians: \_\_\_\_\_

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

Phone: Parent \_\_\_\_\_  
Name Home# Business# Cell #

Phone: Parent \_\_\_\_\_  
Name Home # Business# Cell #

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

Please indicate if you would like to continue or to be on our e-mailing list? Yes\_\_\_\_ No\_\_\_\_

Confirmation letters of registration will be made via email. Please allow 10 days processing time. Please ensure your email filters will accepts emails from Bugs Without Borders.

Please ✓ the session(s) you would like to attend.

Session	Mornings (9:00AM-12:00PM) (\$172 +HST)	Full Day (9:00AM-3:30PM) (\$360.00 +HST)
Tuesday-Friday (March 15-18)		

In case of emergency, please contact:

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Name of individual(s) authorized to pick up your child:

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Special Needs/ allergies:

(or other medical information or concerns we should be aware of)

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I confirm that I have disclosed on this form all relevant information, which may be necessary or advisable to make the Camp fully aware of any medical or other condition pertaining to my child, which may require special attention.

Date: \_\_\_\_\_, 2016

Signature: \_\_\_\_\_

PARENT (GUARDIAN)/CHILD RELEASE AND WAIVER OF CLAIMS

In consideration of the acceptance of my application for my child to participate in Bugs Without Borders Inc.'s March Break Bug Camp, I hereby:

**1. Release and Waiver.** Release, hold harmless, waive and discharge Bugs Without Borders Inc. and its directors, officers, agents, employees, contractors, affiliates and representatives (collectively, the "Company"), of and from any and all claims, losses or damages sustained by me or by my child which I or my legal representative(s) may have against the Company in connection with, or as a result of, my and/or my child's participation in the activities, sessions or other services provided by the Company (the "Activity") of the March Bug Camp.

**2. Acknowledgement of Risk.** Acknowledge that there are certain risks involved in participating in the Activity, in addition to the usual risks and dangers inherent in any physical activity, including without limitation slips, falls, physical contact with another person, malfunction of equipment or facilities, or as a result of contact with or interaction with any animal.

I confirm that I am 18 years of age, that I have completely read and understand this Release and Waiver, that I am the parent or legal guardian of the child named in this registration, and that I have full authority to sign this Release and Waiver on their behalf.

Dated \_\_\_\_\_, 2016.

\_\_\_\_\_  
(Signature required)