



CITY OF WELLAND
Recreation & Culture Division
 145 Lincoln Street, Welland, ON L3B 6E1
 Phone: 905-735-1700 EXT 4000
 Fax: 905-732-6187
 registration@welland.ca

2024 SUMMER SPORTZ CAMP REGISTRATION FORM / AGREEMENT

PARTICIPANT INFORMATION

Note: Proof of birthdate and address will be required; those who do not provide proof require will not be registered

Last Name:	First Name:
Date of birth:	Age on the first day of camp:
Current address:	
Postal Code:	City/Town:
Email Address:	
Parent/Guardian Full Name:	

EMERGENCY CONTACT INFORMATION

Name:	
Relationship:	Contact Number:

PICK UP INFORMATION

Please print the names of all individuals who can pick up participant:

CAMP DATES

DATES:	TOTAL AMOUNT OWING	PAYMENT REQUIRED	CHEQUE No: <i>If applicable</i>
<input type="radio"/> JULY 2 - 5 <i>No Camp Monday</i>		At time of registration	
<input type="radio"/> JULY 8 - 11		JUNE 24	
<input type="radio"/> JULY 15 - 18		JULY 1	
<input type="radio"/> JULY 22 – JULY 25		JULY 8	
<input type="radio"/> JULY 29 - AUGUST 1		JULY 15	
<input type="radio"/> AUGUST 6 - 9 <i>No Camp Monday</i>		JULY 22	
<input type="radio"/> AUGUST 12 - AUGUST 15		JULY 29	
<input type="radio"/> AUGUST 19 – AUGUST 22		AUGUST 5	

FEE/CHILD PER WEEK WITHDRAWAL

CAMP WITHDRAWAL POLICY: Transferring of days will not be permitted. Withdrawal requests made must be submitted via Camp Withdrawal Request Form. These can be obtained in person or online. Minimum two business weeks' notice. \$73.85 administration fee per week applies to all refunds. Once the Camp week has started **NO REFUNDS** will be issued.

(initial's)

PAYMENT OPTIONS

Post-dated cheques payable to: "City of Welland" for the full amount must be paid at registration time. Cash and Credit Card payments will be accepted if paying in full. Registration location: 145 Lincoln St., Welland Community Wellness Complex.
Fax registrations accepted with full credit card payment only, please provide proof of address and DOB; telephone registration not accepted.

Total Fee:	Scheduled Payment	Date:
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Medications:		
Strengths and Abilities:		
Area that child requires support or assistance:		
Activities he/she enjoys most:		
*Note: Funding is not available for 1-1 support, parents would be required to provide the Support Worker.		
YES	NO	Will your child be supported with Community Living or another support person? Details required:
YES	NO	Does your child have a diagnosis of a disability? If yes, please describe:
YES	NO	Does your child need to have any equipment that he/she needs at camp (e.g. Wheelchair, stroller, headphones, etc.)? If yes, please describe:
YES	NO	Does your child need any type of assistance with his/her communication? If yes, please describe:
YES	NO	Does your child have glasses or a hearing aid? If yes, please describe:
YES	NO	Is there anything additional we need to put in place to ensure your child's safety at camp (e.g. wandering, water/pool safety)? If yes, please describe:
YES	NO	Are there any challenges that your child faces interacting with other children/persons (e.g. routines, turn-taking, crowds)? If yes, please describe:
YES	NO	Is there a situational circumstance where your child's behaviour be a concern? How do you as a parent/guardian handle any such concern?)? If yes, please describe:
YES	NO	Is there any additional information that you fee may be relevant while your child is at camp?
SIGNATURES		
I have read and acknowledge the terms outlined in this agreement. I declare that all information, contained herein, is accurate.		
Parent/Guardian Signature:		