

**CITY OF WELLAND****Recreation & Culture Division**

145 Lincoln Street, Welland, ON L3B 6E1

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registration@welland.ca

2025 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	CHEQUE No: If applicable
<input type="radio"/> JULY 2 - 4 <i>3-day week</i>		
<input type="radio"/> JULY 7 - 10		
<input type="radio"/> JULY 14 - 17		
<input type="radio"/> JULY 22 - JULY 24		
<input type="radio"/> JULY 28 - JULY 31		
<input type="radio"/> AUGUST 5 - 8 no <i>camp Monday</i>		
<input type="radio"/> AUGUST 11 - AUGUST 14		
<input type="radio"/> AUGUST 18 - AUGUST 21		

FEE/CHILD PER WEEK WITHDRAWAL

CAMP WITHDRAWAL POLICY: Transferring days will not be permitted. Withdrawal requests made must be submitted via Camp Withdrawal Request Form. These can be obtained in person or online. More than 30 days before the start date of camp week: A full refund will be issued minus a non-refundable administrative fee of \$11.77. Between 15 and 30 days before the start date of camp: A full refund will be issued minus a non-refundable administrative fee of \$76.06 per week. Less than 15 days before the start date of camp: No refund will be issued. No refunds will be issued once the camp week has started

PAYMENT OPTIONS*initials***The first 3 (three) Weeks of Camp must be paid in full****On-Line registration:** Credit card payment only. You must save credit card information online**In Person Registration:** Post-dated cheques payable to: "City of Welland" for the full amount must be paid at registration time. Cash, Debit and Credit Card payments will be accepted. In-person registration location: 145 Lincoln St., Welland Community Centre.

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 situation 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:		