

# 2012 March Break Registration Form



www.campmonarch.ca 604-723-8151

Please complete this form and send it together with a cheque or money order for the complete amount, payable to:

Camp Monarch  
536 Tempe Cres.  
North Vancouver, BC  
V7N 1E8

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: M F

Number of years experience: Music \_\_\_\_\_ Dance \_\_\_\_\_ Art \_\_\_\_\_ Musical Theatre \_\_\_\_\_  
(no experience required)

Please provide details of experience, if applicable \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ Parent/Guardian's Name: \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Telephone: Home \_\_\_\_\_

Work \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

Postal Code: \_\_\_\_\_ Postal Code: \_\_\_\_\_

E-mail: \_\_\_\_\_ E-mail: \_\_\_\_\_

Emergency contact person:

Name: \_\_\_\_\_

Please provide us with the names of anyone else  
authorized to pick up your child from camp:

Relationship to student: \_\_\_\_\_

\_\_\_\_\_

Telephone: Home \_\_\_\_\_

\_\_\_\_\_

Work \_\_\_\_\_ Cell \_\_\_\_\_

\_\_\_\_\_

Care Card #: \_\_\_\_\_ Family Physician: \_\_\_\_\_ Telephone: \_\_\_\_\_

Any medical information of which we should be aware: \_\_\_\_\_

Allergies: Y N If yes, please provide any necessary information \_\_\_\_\_

**Fees:** Full day, one week, \$295, additional child(ren) from the same family \$265 (tax included)  
**Refunds:** Cancellations for refunds must be made by Feb. 20th, three weeks prior to the beginning of the camp. After that, refunds will only be given for medical reasons with a doctor's certificate. A \$50 administration fee is charged for all withdrawals.

### Aftercare

Aftercare is available from Monday - Friday, 3 - 5 pm Please indicate if you will require aftercare:

- Yes
- No

If yes, please include an additional fee of \$50 with your registration form.

### Waiver and Release of all Claims

As additional consideration for the student's instruction, the undersigned parent(s), or guardian(s) of the student(s) hereby releases and waives any and all claims against Camp Monarch, Music, Art, and Dance, it's directors Erin Deighton and Kristen Glen, and their employees, including but not limited to personal and bodily injures and loss of or damage to property of the student which may occur while participating in camp activities. The undersigned represents that the student is in good health and does not have any history of a medical or physical condition that would place the student at risk because of his/her condition. The undersigned further acknowledges that Camp Monarch, Music, Art, and Dance intends to properly warm up the students before engaging them in any physical activity and will take every precaution to ensure a safe working environment, however: the student's instruction involves physical exercise that could result in injury, so the undersigned should accept all risks arising there from.

**I have read the waiver and release agreements in the entirety, as well as all of the camp information on the web site or in the printed information pack. I understand them and agree to comply with their contents.**

Signature of parent or legal guardian of student: \_\_\_\_\_ Date: \_\_\_\_\_

### Photo Waiver Form

I am aware that pictures and video of my child may be taken at Camp Monarch and that they may be posted to the camp website to be used for promotional purposes. Pictures posted to the website are considered the property of Camp Monarch and may not be sold or reused without the express consent of Camp Monarch.

Student's Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_