



LETSPLAY SUMMER CAMP REGISTRATION FORM 2026

Camper Name: _____

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Child Information

First _____

Middle _____

Last _____

Gender: Male Female

School Name (if applicable): _____

Grade _____

Birth Date ____ / ____ / ____

Age _____

Street Address _____

City _____

Province _____

Postal Code _____

Child's Home Phone _____

Child lives with: _____

Person responsible for payment: _____



Parent / Guardian Contact Information

Parent / Guardian #1

First _____

Last _____

Street Address

City _____

Province _____

Postal Code _____

Home Phone _____

Work Phone _____

Cell Phone _____

Email _____

Occupation _____

Employer _____



Parent / Guardian #2

First _____

Last _____

Street Address

City _____

Province _____

Postal Code _____

Home Phone _____

Work Phone _____

Cell Phone _____

Email _____

Occupation _____

Employer _____



Emergency Contact Information – Alternate Pickup / Release

Emergency Contact #1

First Name _____

Last Name _____

Home Phone _____

Work Phone _____

Cell Phone _____

Email _____

Relation to child _____

Emergency Contact #2

First Name _____

Last Name _____

Home Phone _____

Work Phone _____

Cell Phone _____

Email _____

Relation to child _____



Authorized Pick-Up (in addition to parents/guardians):

1. _____
 2. _____
 3. _____
-

Medical Information

Please list any medical problems, including any requiring maintenance medication
(i.e. Diabetes, Asthma, Seizures, Allergies)

Medical Problem	Required Treatment	Should paramedic be called?
_____	_____	Yes / No
_____	_____	Yes / No
_____	_____	Yes / No

Is your child presently being treated for an injury or sickness, or taking medication?

Yes No

If yes, explain: _____

Is your child allergic to any food or medication?

Yes No

If yes, explain: _____

Does your child require a special diet?

Yes No

If yes, explain: _____

Note: The purpose of this information is to ensure medical personnel have accurate details in case of emergency.

Deposit

A 50% deposit is due at the time of registration for each week selected.

This deposit will be applied toward camp tuition.



SUMMER CAMP TUITION & PAYMENT

Summer camp tuition is **\$275 per week (before HST)**.

Payment Terms:

- Payment is processed via **automatic withdrawal**
- Withdrawals occur on the **Monday of each enrolled week**
- Camp fees apply regardless of attendance (including holidays, sick days, and absences)
- If tuition is not paid, the child may not attend camp

Cancellations & Refunds

- A **25% administrative fee** applies to all cancellations
- Refunds are available only if requested **2 weeks prior** to the start date
- No refunds will be issued with less than 2 weeks' notice

Select Weeks

- Full Summer
- Week 1 (July 6 – July 10) – \$275
- Week 2 (July 13 – July 17) – \$275
- Week 3 (July 20 – July 24) – \$275
- Week 4 (July 27 – July 31) – \$275
- Week 5 (August 3 – August 7) – \$275
- Week 6 (August 10 – August 14) – \$275

Camp Tuition Total: _____

HST (13%): _____

Total Amount Due: _____

The financially responsible party signing this form agrees to follow the Tuition Payment and Fees Policy.



Terms of Agreement

Photo Release

I give permission for my child to be photographed during Let's Play Summer Camp.

I understand that:

- Photos may be used for documentation, presentations, and promotional materials
- My child's identity will not be disclosed
- No compensation is provided
- All images remain property of LetsPlay

Parent/Guardian Initials: _____

LetsPlay is not responsible for lost or damaged personal property.
 All scheduled events are subject to change.
 No fees will be refunded or transferred outside stated policies.
 Photos and quotes may be used for publicity purposes.

Guardian Signature: _____

Date: _____

Printed Name: _____

Coordinator Signature: _____

Director Signature: _____

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Participation Consent Form (REQUIRED)

I, the undersigned, hereby:

- Release, discharge, indemnify, hold harmless, and defend Let's Play
- Its employees, volunteers, and representatives

from any and all liability, including:

- Injury
- Illness



- Death
- Property loss or damage

arising from participation in the Summer Camp program.

In the event of a medical emergency, I authorize Let's Play to act on my behalf in obtaining medical care for my child.

Participant Name: _____

Parent Name: _____

Health Card Number: _____

Health Insurance Policy Number: _____

Family Doctor Phone Number: _____

Parent Signature: _____

Contact Phone Number: _____

Date: _____

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Assumption of Risk

I understand that participation in the Summer Camp Program includes activities such as:

- Walking
- Running
- Playground use
- Splash pad activities

I acknowledge that participation involves risks, including but not limited to:

- Minor injuries (cuts, bruises, sprains)
- Serious injuries (including paralysis or death)
- Weather-related risks



- Contact with others
- Environmental risks (flora/fauna, illness exposure)

I voluntarily accept and assume all risks associated with participation.

Initial: _____

I understand that Let's Play may provide private transportation to and from activities.

I acknowledge that transportation carries inherent risks and I release Let's Play and all associated parties from liability.

Initial: _____