

KINGSWOOD ENTERTAINMENT CENTRE MARCH BREAK CAMP 2026

Date of Registration: _____

Employee who registered camper: _____

Child's Name: _____

DOB: _____

Age at time of Camp: _____

Gender: _____

Child's School: _____

Grade at time of Camp: _____

Would like to be in the same group as: _____

Bowling Shoe Size: _____

RATES: \$69.99 / DAY
 \$229.99 / WEEK (FW)

PLEASE CHECK WHICH DAYS YOUR CHILD WILL BE ATTENDING

MON	TUE	WED	TH	FRI	FULL WEEK	Week Total	Paid
<input type="checkbox"/>	\$ _____	<input type="checkbox"/>					

March 2 -6

Subtotal: \$ _____

GRAND TOTAL: \$ _____

PRIVACY POLICY

Personal information collected will be used and held solely by Kingswood. Information is collected for the operation of the camp program and includes safety and emergency purposes, and for future correspondence with participants, which may include information about relevant upcoming events.

CONDUCT POLICY

The programs are operated by and located at Kingswood. To this end, all registrants will respect the facilities and grounds, and will abide by the rules. Failure to do so may result in immediate expulsion from a program, without a refund of payment.

UNDER 18 YRS (MINOR) WAIVER AND RELEASE

I, the undersigned parent or guardian of the above named minor, acknowledge that I am aware that this camp involves strenuous physical activity (ex: gymnastics), carrying with it various inherent risks of injury which may require medical attention. In my opinion, the above-named minor is medically and physically fit to participate in this program. I hereby grant authority to the staff to render judgment concerning medical assistance in the event of an accident or illness in my absence. I give consent to my family physician to treat the above-named minor. If my family physician is not available, I give consent to obtain

PHOTO PERMISSION

Participants may be photographed and/ or videoed. These may be used in print or online promotional materials for Kingswood. Please indicate that you are aware of this policy by checking the appropriate box:

I grant Kingswood the right to publish, without payment of any fee or charge, the registrant's image in promotional materials
 I do not grant Kingswood the right to use the registrant's image in promotional materials

I HAVE READ AND AGREE TO ALL OF THE ABOVE

PARENT/ GUARDIAN SIGNATURE

DATE

PRIVATE AND CONFIDENTIAL INFORMATION

Parent/ Guardian: _____ Cell: _____ Work: _____

Parent/ Guardian: _____ Cell: _____ Work: _____

Parent Emails: _____

Emergency Contact: _____ Cell: _____ Work: _____

Child's Medicare: _____ Family Physician & Phone #: _____

Medical conditions, allergies, dietary restrictions, or behavioural problem areas: _____

Please indicate any person other than the parents/ guardian/ emergency contacts who will be permitted to pick up your child. We have a sign-out system and will not allow the children to leave with anyone not on the list. We also ask everyone (parents included) for photo identification at every pickup.

Credit Card Information (if paying by phone)

Name on Card: _____ Card Number: _____

Signature: _____ Expiry Date: _____ CCV: _____

Cancellations made at least 8 days in advance will be refunded the amount paid less a \$25 administration fee per week canceled.

No refund will be given with less than 8 days notice.

If your child cannot attend a camp for medical reasons, please contact our office. A credit note will be issued upon receipt of a doctor's note. Should there be a death in the family, a refund or credit will be given. No other exceptions will be made. There will be no discounts for days not attended.

Camp registrations are non-transferable.

We reserve the right to cancel any program due to insufficient registration.

PARENT/ GUARDIAN SIGNATURE _____

How did you hear about Kingswood Day Camps?

- Radio
- Social Media
- Newspaper
- Word of Mouth
- Internet Search
- Personal Referral
- Kingswood Website
- Repeat

For Office Use

- Camp List
- Weekly Email Sent
- Master Pay List
- Sign-In Sheets