

## 2023 Summer Camp Waiver Form

Thank you for registering your child in an exciting week of summer camp at Andrews Scenic Acres

**This form must be received in advance OR accompany your child on their first day of camp. If we do not have this form, they will not be permitted to participate in camp activities.**

### **Child's Information**

Legal Last Name: \_\_\_\_\_ Legal First Name: \_\_\_\_\_

Legal Middle Name: \_\_\_\_\_ Preferred First Name: \_\_\_\_\_

Gender: \_\_\_ Male \_\_\_ Female \_\_\_ Other Date of Birth: M \_\_\_ / D \_\_\_ / Y \_\_\_\_\_

Food Allergies / Special Diet: \_\_\_\_\_

Medical Concerns / Conditions: \_\_\_\_\_

Health Card #: \_\_\_\_\_

Parent(s) / Guardian(s) Name(s): \_\_\_\_\_

Home #: (\_\_\_\_\_) \_\_\_\_\_ Cellphone #: (\_\_\_\_\_) \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home #: (\_\_\_\_\_) \_\_\_\_\_ Cellphone #: (\_\_\_\_\_) \_\_\_\_\_

Individuals Authorized to Pick-up ? Sign-out the campers (Full Legal Name): \_\_\_\_\_

Other Campers Name You Want to be With: \_\_\_\_\_

### **Consent To Use Photos**

Your consent would be required for Andrews Scenic Acres to publish pictures of your child. By checking "Yes, I agree" below, I understand that I am giving consent to Andrews Scenic Acres to use and disclose my personal image (or the personal image of my child) for promotional and/or informational purposes such as brochures and flyers.

Yes, I agree  No, I do not agree

### **Waiver**

**By payment of the registration fee the participant accepts the risks of physical injury normal to the course or activity in which they are registered.**

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

**Please return form email, or bring on first day**

**9365 10th Sideroad**

**Milton Ontario**

**L9T 2X9**

**Email: farmstore@andrewsscenicacres.com**

**For Further Information: (905)-878-5807**

**\*Please return form via email accompanied by confirmation of etransfer payment\***

**Andrews**  
farm market & winery