

# Beacon & Friends Camp Registration and Consent Form

## Contact Details

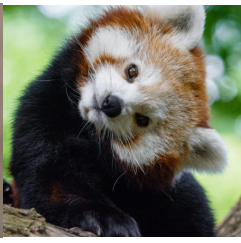
<b>Parent / Guardian</b>			
<b>Address</b>			
<b>City</b>			
<b>Province</b>		<b>Postal Code</b>	
<b>Phone number</b>		<b>Email</b>	
<b>Local contact name</b> (If different than above)			
<b>Local contact phone number</b> (If different than above)			

## Participant Details

<b>Date(s)</b>			
<b>Child's Name</b>			
<b>Are you a Kid's Club Member?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>Age</b>		<b>Birth Date</b> (mm/dd/yyyy)	
<b>Persons authorized to pick up your child</b> (We will not release your child to anyone not listed)			

## Emergency Information

<b>Name of Emergency Contact</b>	
<b>Emergency Contact Phone Number</b>	
<b>Care Card Number</b>	
<b>Doctor's Name</b>	
<b>Doctor's Phone Number</b>	
<b>Medical Concerns</b> Please list any health or behavioural concerns, allergies, or physical limitations. Please list precautions and instructions.	



## Terms & Conditions

1. I give permission to consult a physician other than my family physician. I authorize Beacons Furry FUNdation Society Staff staff to have a physician attend to my child in the event of an emergency. Beaocns Furry FUNdation Society will not be responsible for any medical costs.

**Guest Initial** \_\_\_\_\_

2. To the best of my knowledge my child is in good health and has not been exposed to an infectious illness or disease within two weeks prior to attending camp. If my child is exposed to an illness or is sick on the day of the camp, I understand that Beacons Furry FUNdation Society must be notified and my child may not be permitted to attend camp.

**Guest Initial** \_\_\_\_\_

3. I authorize Beacons Furry FUNdation Society to film and or photograph my child and acknowledge that all photographs become the property of Beacons Furry FUNdation Society marketing and promotional materials, including but not limited to website and programs. I understand the circulation of the materials could be used worldwide and there will be no compensation for this use.

**Guest Initial** \_\_\_\_\_

4. I agree to assume all risks involved in my child (name) \_\_\_\_\_ in participating in Beacons Furry FUNdation Society Day Camps. I agree to indemnify and save harmless Beacons Furry FUNdation Society, its servant and agents, relieving them of all liability for losses and damages of all and every description for the camp participant or myself may suffer or be put to.

**Guest Initial** \_\_\_\_\_

5. To complete your booking, please complete and return the registration form; payment is due upon registration. I agree and understand the cancellation policy which states that I must provide seven days notice to receive a refund. Late cancellation or no shows will result in 100% of the Camp fee non-refundable. Completed registration forms and cancellations must be emailed to [toylodge@beaconsfurryfoundation.org](mailto:toylodge@beaconsfurryfoundation.org).

**Guest Initial** \_\_\_\_\_

**Signature of Parent / Guardian:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## Billing Information

<b>Payment Method</b>	<input type="checkbox"/> Mastercard	<input type="checkbox"/> Visa	<input type="checkbox"/> Etransfer
<b>Credit card number</b>			
<b>Expiry date (mm/yy)</b>		<b>CSC</b>	
<b>Signature</b>			