

Waiver & Release

In consideration of the child named on this form ('the camper') being allowed to participate in FortWhyte Alive's Spring Camp 2010, the camper's guardian or parent, hereby release The Fort Whyte Foundation Inc., and its trustees, directors, officers, servants, volunteers, representatives and agents from and against all claims, actions, demands, costs and expenses relating to injury, death, damage to person or property or loss of property, howsoever caused, arising out of or in connection with the camper's participation in FortWhyte Alive's Spring Camp 2010.

This Release shall be binding upon the camper, the undersigned and the estates of the camper and of the undersigned.

I have read and understood the above Release.

X _____
Signature of the Parent/Guardian

FortWhyte Alive Privacy Policy

In accordance with the Personal Information Protection and Electronic Documents Act, names, addresses, or other personal information collected by FortWhyte Alive will only be used for internal purposes such as informational mailings, membership renewals and other communications, and will not be shared with any third party. You have the right to request that your name and other information not be used for any internal FortWhyte Alive marketing purposes. If your information changes or if you no longer wish to receive communication from us, please let us know by calling (204)989-8364 or by emailing us at info@fortwhyte.org. Complete details of our Privacy Policy are available from the same contacts or on our website: www.fortwhyte.org.



FortWhyte Alive
HUMAN. NATURE.

Spring Camp 2010 Registration Form

Register online at www.fortwhyte.org!

One registration form per child.

Please call 989-8364 or visit www.fortwhyte.org for additional forms.

Child's Name: _____ Mailing Address: _____

City/Town: _____ Postal Code: _____ Age at Camp: _____

Grade at School: _____ Birthdate: (mmddyy) _____ Gender: Male Female

I wish to be in the same group as (camper name): _____ (we will try to accommodate one mutual request).

Parent/Guardian(s):

Mother/Guardian: _____ Home Phone: _____ Cell: _____

Business (ext.) _____ Email: _____

Father/Guardian: _____ Home Phone: _____ Cell: _____

Business (ext.) _____ Email*: _____

In the event of emergency, please list name of 1 other person who can be contacted if parent(s)/guardian(s) cannot be reached.

Name: _____ Day Time Phone: _____ Relationship to Camper: _____

Does the child have any medical problems/allergies? Yes No

If yes, please describe: _____

We do not allow any nuts or nut products at Camp.

Please check desired date(s):

Monday, March 29 Tuesday, March 30 Wednesday, March 31 Thursday, April 1

Return this form with full payment to:

Spring Camp, FortWhyte Alive, 1961 McCreary Rd., Winnipeg, MB, R3P 2K9 or fax 895-9301

Full Payment is required at the time of registration.

No refunds for cancellations made 0 to 5 days prior to the program.

Members: \$30, non-Members: \$35 per child, per day. Total \$ _____

Cheque / Money Order —OR— Bill my credit card Visa MasterCard

Number: _____ Signature _____ Expiry Date: _____

Office Use:

Trans #: _____ DB: Date: _____ Conf: _____