



PD Day Training November 18th

- PD Day: 9 – 3pm - \$45
- Before and After Care: 7:30am – 5:30pm - \$10
 - 7-9yrs old
 - 10-12yrs old
 - 13+ yrs old

STUDENT INFORMATION

Child's Name: _____ DOB (dd/mm/yy) / _____
 Parents Name _____
 Home Phone _____ Cell Phone _____
 Email Address _____
 Health Card#: _____
 Health and/or allergies concern: _____

EMERGENCY INFORMATION

In case of emergency, if parent(s) cannot be contacted I hereby authorize:

1st Person of Contact

Name: _____ Phone#: _____

2nd Person of Contact

Name: _____ Phone#: _____

WAIVER: WCSOPA assumes no responsibility and shall be held free and clear of any damages or injuries suffered by participants while attending classes, special events or while on the premises.

I am aware that photographs will be taken through the camp and may be posted on the internet, used in camp activities or used for future promotions.

Signature: _____ Date: _____
Parent and or Guardian's signature



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Signature: _____ Date: _____
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For Office Use Only:

Payment Rcvd by: _____ Date: _____
Cash: _____ Cheque: _____

* There will be **NO REFUNDS** after November 4th.
* There will be a **\$20.00** charge for any **NSF cheques**.
*Please make cheque payable to: **WCSOPA**

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