

2018 March Break Registration Form

CAMPER INFORMATION			
Child's name:		Birth date(MM/DD/YYYY):	Health Card #
Gender (Please Circle): Female Male Current Grade_____		/ /	
PARENT 1—Primary Contact		PARENT 2—Secondary/Emergency Contact	
Name:		Name:	
Address:		Address:	
City:	Postal Code:	City:	Postal Code:
Email:		Email:	
Primary Phone #:		Primary Phone #:	
Other phone #:		Other phone #:	
MEDICAL /ADDITIONAL INFORMATION			
Does your child have any medical conditions we should know about? No Yes (please specify)			
Please list any medications your child requires:			
Does your child have any allergies: No Yes (please specify)			
Does your child have any dietary concerns we should be aware of?			

Please select the dates you would like to register for:

- March 12-16 full week OR days: (circle) MON TUES WED THURS FRI
- March 19-23 full week OR days: (circle) MON TUES WED THURS FRI

Please calculate your total payment amount for the above registrations:

Total # of full weeks: _____ x \$185 = \$_____

Total # of separate days: _____ x \$45 = \$_____

Total Payment Amount: \$_____

Select Payment Type

- Visa/MC# _____ Exp _____
- EMT - programs@newbridgeacademy.ca
- Debit
- Cheque
- Cash

Please complete this form and return to:
Newbridge Academy Administration Office at
361 John Savage Ave, Dartmouth NS, B3B 0J3
phone: 902-252-3339 fax: 902-252-3108
or email to

programs@newbridgeacademy.ca

PLEASE INITIAL AND SIGN AT THE BOTTOM.

_____ I hereby release Newbridge Academy and its agents and employees from any and all claims, demands, actions, and causes of action which I may have for any damages, loss or injury, suffered by my child, from the participating of such child in this program.

_____ I hereby give my child permission to be photographed during camp activities by Newbridge Academy staff and hereby understand that such photographs become the property of Newbridge Academy and may be used for the purpose of any promotional purposes deemed necessary and/or relevant to our children's program.

_____ I hereby give my child permission to participate in all daily activities, including any and all day trips and/or outings that are part of the planned activities and included as part of the registration fee. I understand that my child will be transported to such off-site locations for such outings via Metro Transit or Coach Atlantic with Newbridge Academy Day Camp staff or the Newbridge Academy bus/van.

Signature: _____ Date: _____