



**Camp Information**

page 2

Camp Name	Camp Code	Week #
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**Payment Information**

1/2 Day Camps \$150 each, Full Day Camps \$275 each

Payment Method	<input type="checkbox"/> Cheque	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Visa
Credit Card Account #	Expiry Date mm/yy		
Cardholder Name			
Cardholder Signature		Date	
Amount \$			

In the event that my son/daughter is injured, ill or in need of medical attention and I am unable to be contacted, I authorize WPGA staff to seek medical attention on my behalf.

I understand that if my child becomes ill or comes into contact with any communicable disease within the three weeks preceding camp, he/she must be examined by the family doctor to certify that he/she is fit to attend camp and is not a known carrier of a communicable disease.

I authorize WPGA to use any photographs or videos taken of our child while participating in WPGA Summer Camps for WPGA brochures, promotional and fundraising materials, and website.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date