

THE TAMAKWA TEASER
FRIDAY, JULY 13, 2012

CAMP TAMAKWA

Before June 15: 416-924-7433 or 248-335-6400

After June 15: 705-633-5561

Email: howhow@tamakwa.com

Fax: 416-924-5822

CAMPER INFORMATION

Name: _____ Gender: Male Female Date of Birth: _____
(First, Middle, Last) (Month, Day, Year)

Address: _____
Street City Province/State Zip / Postal Code Country

School: _____ Completing Grade: _____ Age at Camp: _____

PARENT INFORMATION

Parent(s) Names: _____

Home Phone: _____ Cell (mom): _____ Work (mom): _____

Cell (dad): _____ Work (dad): _____

Email (mom): _____ Email (dad): _____

In case of an emergency, if we are unable to reach parents, please provide one additional contact:

Contact: _____ Relationship to Camper: _____

Home Phone: _____ Cell: _____ Work: _____

ALLERGIES

Does your child have any FOOD, MEDICINE, OR OTHER ALLERGIES? Yes No

If "YES", please provide details: _____

Does your child carry an epipen? Yes No Has your child ever had an anaphylactic reaction: Yes No

Does your child require any medication or medical treatment while at camp? Yes No

If "YES", please provide details: _____

ADDITIONAL INFORMATION

Is your child comfortable swimming in lake water? Yes No Highest Red Cross Level Completed: _____

Please indicate anything you would like us to know about your child to help make this day a positive experience:

PAYMENT

The Tamakwa Teaser fee is \$50 and includes transportation, 3 meals, snacks, taxes, and non-stop fun & activities!

I wish to pay by: Check Amex Visa MC

Card Number: _____ Exp. Date: ____/____

Name on Card: _____ Signature: _____

I desire my child to participate in all camp activities. I further acknowledge that attendance and/or participation at Camp involves risk and hazards incidental thereto, all of which are assumed by me. I hereby waive, release, absolve and agree to indemnify and save harmless Camp Tamakwa Inc. and their respective officers, directors, employees and agents of any and all liability arising from my child's attendance and/or participation in the Camp program unless solely as a result of the camp's willful neglect. I authorize camp to secure medical treatment for my child when appropriate including, but not limited to, medication, X-ray, hospitalization, anesthesia, or surgery. If for any reason my child requires such medical attention or special medication beyond that furnished by camp, I agree to be responsible for any expenses incurred.

The courts of Ontario shall have exclusive jurisdiction over any claim, legal dispute, or cause of action arising out of my child's enrollment or stay at Camp including, but not limited to, his/her medical treatment and any relationship with Camp Tamakwa Inc., its Directors, officers, medical staff, employees, and/or agents. It is hereby agreed the commencement of any such legal proceedings will be held only in the Province of Ontario and I hereby irrevocably submit to the exclusive jurisdiction of the courts of the Province of Ontario and will further indemnify Camp Tamakwa Inc. for any legal fees or costs incurred by Camp Tamakwa Inc. challenging jurisdiction in any matter or cause of action filed outside the Province of Ontario. It is further agreed all of the above terms, conditions, and provisions are not only binding upon me, all parents/legal guardians, my child/camper, but upon any heirs, executors, successors or assigns.

Signatures of BOTH Parents/Guardians: _____ Date: _____

_____ Date: _____