

# GIDDYUP! Summer Camp 2012

## Application Form

### Camper Information:

Camper's Name: \_\_\_\_\_  
Campers Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Parents' Names: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Bus. Phone (Mom): \_\_\_\_\_  
Bus. Phone (Dad): \_\_\_\_\_  
Email: \_\_\_\_\_

### Emergency Contact:

Name: \_\_\_\_\_ Relation to Camper: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_  
Child's Doctor: \_\_\_\_\_  
Health Card #: \_\_\_\_\_

If your child has a disability please give a brief description:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list and describe any medical problems, allergies or medications that must be administered at camp:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Session Requested:

**Fees: \$550.00 per week**

August 13 - 17 \_\_\_\_\_  
August 20 - 24 \_\_\_\_\_  
August 27 - 31 \_\_\_\_\_

**Mail completed application to: Laura Hunter, 4852 Vandorf Sideroad, Stouffville, Ont., L4A 7X5**

I have enclosed the **\$250.00 deposit** and a cheque for **\$300.00, dated June 1, 2012** for the balance of the fees.  
Applications will not be accepted unless accompanied by both cheques.  
Please make cheques payable to Laura Hunters STEPS Programs.

**Refunds will not be issued after June 1, 2012 for any reason.**

Please mail cheques to: Laura Hunter, 4852 Vandorf Sideroad, Stouffville, Ont., L4A 7X5

I have read the registration information, payment procedures and refund policy and agree to abide by the conditions outlined.

I agree to give the GIDDYUP! Day Camp staff permission to act on my behalf in case of an emergency  
I give permission for my child to be photographed/videotaped during the GIDDYUP! Day Camp.

Parent's (or Guardian's) Signature: \_\_\_\_\_ Date: \_\_\_\_\_