2020 Day Camp Enrollment Application

Indicate how you would like your mail to be addressed
eg. Mr & Mrs, Ms, etc _____

Family Name: _____

Home Address: _____

City: _____ Postal Code: _____

Home Tel: _____ Home Email: _____

Father's Name: _____ Mother's Name: _____

Father's Cell: _____ Mother's Cell: _____

Father's Business #: _____ Mother's Business #: _____

Secondary Contact if parents cannot be reached:

Name: _____ Telephone #: _____

I hereby certify my/our child(ren) are immunized pursuant to recommendations of the local health authorities ☐

Permission Form: I/We agree to allow my/our child(ren) to participate in all Richmond Hill Country Club Day Camp activities. This includes activities that take place in locations other than on the Camp property, as may be chosen by Camp staff from time to time. Camp staff will be present to help supervise such offsite activities but will be subject to the rules and direction of any third-party activity provider. I/We hereby apply for registration for the herein named child(ren) for the camping services indicated on this application. I/We hereby give staff of the camp authority to act in my/our place with respect to dealing with my/our child(ren). In addition, in consideration of your acceptance of this application, I/We hereby release and indemnify each of Richmond Hill Country Club Day Camp, Richmond Hill Country Club Partnership, RHCC Holdings Limited, 607919 Ontario Limited and 625684 Ontario Limited, RHGC Management Ltd, Richmond Hill Golf Course Partnership and all directors, officers, employees and agents of any of the foregoing from any and all claims and causes of action that either I/we or our child(ren) could make at any time hereafter for any loss or damages that I/we or our child(ren) may suffer or incur arising from their presence on the Camp property and/or their participation in any Camp activities, including but not limited to any injury, accident, damage to property, acts or omissions of third parties, or other cause. I understand that bus and similar transportation services are provided by third party contractors and not by Club staff or vehicles. I/We also consent to the use of the camper's likeness for publicity purposes. I/We have read the camp refund policy and administrative policies and agree with them ☐

Signature: _____ Date: _____

(Please complete both sides of this application form)

Richmond Hill Country Club
8905 Bathurst Street, Richmond Hill, Ontario L4C 0H4
T (905) 731-2800 F (905) 731-7283 www.richmondhillcountryclub.com

CAMP REGISTRATION

Register at www.richmondhillcountryclub.com/summer-day-camp
or use the camp registration form below (scan and send back)

Please indicate if you will be taking advantage of any of the following (included in fee):

TRANSPORTATION REQUIRED YES NO (please circle one) **EXTENDED HOURS WITHOUT BUSSING** YES NO (please circle one)

**If you do not require bussing, deduct $80 per two week session*

NOTE: USE ONE FORM PER CAMPER

SESSION	ACTIVITY OPTION (circle one)	FEE	CREDIT	SAVING
1	GC TC DC GD/TD CIT			
2	GC TC DC GD/TD CIT			
3	GC TC DC GD/TD CIT			
4	GC TC DC GD/TD CIT			
	TOTAL FEE		ENROLMENT CREDIT	
			NET	

CAMPER NAME: _____
SEX: _____
D.O.B. (M/D/Y): _____
FRIENDS AS GROUP MATES
_____
_____
_____

RHCC PROGRAM REWARD MEMBERSHIP #_____
TO BE APPLIED TO MEMBER ACCOUNT
MEMBER NAME: _____

SESSION	ACTIVITY OPTION (circle one)	FEE	CREDIT	SAVING
1	GC TC DC GD/TD CIT			
2	GC TC DC GD/TD CIT			
3	GC TC DC GD/TD CIT			
4	GC TC DC GD/TD CIT			
	TOTAL FEE		ENROLMENT CREDIT	
			NET	

CAMPER NAME: _____
SEX: _____
D.O.B. (M/D/Y): _____
FRIENDS AS GROUP MATES
_____
_____
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			NET	

CAMPER NAME: _____
SEX: _____
D.O.B. (M/D/Y): _____
FRIENDS AS GROUP MATES
_____
_____
_____

RHCC PROGRAM REWARD MEMBERSHIP #_____
TO BE APPLIED TO MEMBER ACCOUNT
MEMBER NAME: _____

PAYMENT INFORMATION

METHOD OF PAYMENT: (circle one) **Cheque** **Cash**

Credit Card #: _____

Expiry Date: _____

I hereby authorize RHCC Holdings Limited to charge my credit card for camp fees and related activities.

Signature: _____

OFFICE USE ONLY
Signature: _____
Group: _____
Entered: _____

CANCELLATION AND REFUND POLICY

- *Your deposit and any post dated payments are refundable (less a service charge of $175 per child), provided written notice is received prior to April 30. After that date there will be no refunds of fees.*
- *Fees cannot be refunded for days missed unless consecutive weeks occur. A refund of 50% of the unused fees will be made upon written request, for medical reasons only, including a doctor's certificate.*
- *Refunds will be issued in September.*
- *No other refunds are possible*
- *This policy will be strictly adhered to*