

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	(circle one) ACTIVITY OPTION	FEE	CREDIT	SAVING
1	GC TC DC GD/TD CIT	<input type="text"/>		<input type="text"/>
2	GC TC DC GD/TD CIT	<input type="text"/>		<input type="text"/>
3	GC TC DC GD/TD CIT	<input type="text"/>		<input type="text"/>
4	GC TC DC GD/TD CIT	<input type="text"/>		<input type="text"/>
TOTAL FEE		<input type="text"/>	ENROLMENT CREDIT	<input type="text"/>
			NET	<input type="text"/>

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	(circle one) ACTIVITY OPTION	FEE	CREDIT	SAVING
1	GC TC DC GD/TD CIT	<input type="text"/>		<input type="text"/>
2	GC TC DC GD/TD CIT	<input type="text"/>		<input type="text"/>
3	GC TC DC GD/TD CIT	<input type="text"/>		<input type="text"/>
4	GC TC DC GD/TD CIT	<input type="text"/>		<input type="text"/>
TOTAL FEE		<input type="text"/>	ENROLMENT CREDIT	<input type="text"/>
			NET	<input type="text"/>

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

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3	GC TC DC GD/TD CIT	<input type="text"/>		<input type="text"/>
4	GC TC DC GD/TD CIT	<input type="text"/>		<input type="text"/>
TOTAL FEE		<input type="text"/>	ENROLMENT CREDIT	<input type="text"/>
			NET	<input type="text"/>

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: _____

CANCELLATION AND REFUND POLICY

- 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 requested on or after May 1st, 2020 will be issued in September
- No other refunds are possible
- This policy will be strictly adhered to

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