



Please complete one form per child

Selection of Option

Option 1: 240.00\$ for all 9 Sessions **Option 1: 204.00\$**

Option 2: 30.00\$ per session **Option 2: 25.50\$**

Acadecap families 15% discount.

Indicate week(s) desired:

Sat. Oct. 18/14

Sat. Nov. 15/14

Sat. Dec. 20/14

Sat. Jan. 25/15

Sat. Feb. 21/15

Sat. March 21/15

Sat. April 25/15

Sat. May 16/15

Sat. June 20/15

I need to rent a computer at 5.00\$ per session, computer rental waiver signed.

I will bring in my own computer.

Make sure to come half hour early to have JavaScript installed if bringing own computer

TOTAL FEES: \$ _____

Child's Name _____ Sex: M / F

DOB ____/____/____ Age: _____ Grade (Fall 2014): _____ Health Card# _____
Y m d

Parent's Name: _____

Address: _____

Postal Code _____ Email: _____

Tel-Home: _____ Work: _____ Cell: _____

Emergency Contacts:

1. Name: _____ Tel: _____

Special concerns, needs, health, allergies, behavioral etc

Media Consent

There are times we photograph or videotape the children participating in camp activities. We will publish some of these pictures (ie: newsletters, website, brochures, newspaper ads, etc.), without naming individual campers. Académie de la Capitale/École internationale Acadecap International School is requesting permission to use photos/videos of your child. Please note that remuneration will not be given for the use of photos/videos.

I give Académie de la Capitale/École internationale Acadecap International School permission to publish pictures of my child

Signature of Parent/Guardian

Date

Waiver

I hereby release and forever discharge Académie de la Capitale/École internationale Acadecap International School, its directors, its employees, agents and all persons authorized by it from any claim, damages, action or cause of action or otherwise that may result from either personal injury or property damage suffered by the said child engaging in school activities including field trips provided, however, that the school and its employees and agents exercise reasonable care.

I hereby authorize the Administrators, staff and/or excursion supervisor(s) to act on my behalf as my agent(s) to engage medical attention or hospitalization if required on an emergency basis.

Signature of Parent/Guardian

Date