

Please send signed completed registration form to
treasurer4wac@gmail.com or mail to Westport Arts Council, P.O Box 2,
Westport, Ontario, K0G 1X0

Registration Form - Westport Arts Council Summer Camps

If you have any questions, pls contact Westport Arts Council (WAC) at
treasurer4wac@gmail.com.

Name of Camp _____

Your Name _____

Your Email _____

Your Child's Name _____

Your Child's Age _____

Daytime Phone # _____

Alternate Daytime Phone # _____

Emergency Contact Name _____

Emergency Contact Phone # _____

Relationship to Child _____

Please list any food or other allergies or health conditions WAC should be aware of, or medication your child will be taking during the camp. (Note: A snack and drinks to be provided but each child needs to bring their own lunch, when camp is over lunch.)

I give my permission for WAC to use pictures of my child on WAC Facebook page (yes/no).

_____pls initial

Payment is required to complete registration for the class. Once space is confirmed in the camp, an email will be sent for payment by etransfer or cheque.

I understand that there are risks involved in any activity or program and I acknowledge that my choice to participate or register my child at the WAC Camps brings with it assumption of those risks. I am aware of no physical or other reason why the named student should not participate in this program. I do hereby release WAC including any facility or location where the program is held from fault of injuries or damage due to participation in this program.

Parent/Guardian Signature _____ Date: _____