



**Township of Beckwith**  
**Tech Camp**  
 Registration and Payment Form 2020

**NAME OF CHILD/REN**

<i>Weeks Registered</i>	<i># of Children</i>	<i>Cost of Week</i>	<i>Total for Week</i>
<b>August 10<sup>th</sup> – 14<sup>th</sup></b> Daily Google Meet Conferencing Ages 10 to 18 \$100			
<b>TOTAL DUE</b>			

**PAYMENTS: \*\*OFFICE USE ONLY\*\*** If Paying by Cheque:

**\*\*PLEASE INDICATE CHILDREN'S NAME(S) ON CHEQUE MEMO LINE\*\***

Cheques can be made payable to:  
**The Township of Beckwith**

Date	Amount	Method
<b>Total Paid:</b>		

**Receipt Mailing Information**

Name & Mailing Address:

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**CONFIDENTIAL**  
**Township of Beckwith**  
**TECH CAMP**

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Siblings: \_\_\_\_\_ Age: \_\_\_\_\_

Siblings: \_\_\_\_\_ Age: \_\_\_\_\_

Siblings: \_\_\_\_\_ Age: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Email \_\_\_\_\_

**Parent's / Guardian's Name & Work phone numbers:**

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**Contact in Case of Emergency:** (Parents/Guardians will be contacted first unless otherwise indicated)

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

**Alternative Contacts:**

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Health Card: \_\_\_\_\_

Dr.'s Name: \_\_\_\_\_

(Must have before first day of camp)

Medications, allergies, previous injuries, physical, mental or emotional disorders, other conditions (braces, contact lens etc.)

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**Please have any medications clearly labelled and handed to the staff in charge on arrival.**

The parent or guardian is assuming full responsibility for the child's health being such that activities will in no way aggravate any conditions present. As the parent or guardian of the child, I hereby authorize the leader of the event to secure such medical advice and services as may be necessary for the health and safety of my child or ward.

- I, the undersigned do not permit Beckwith Township to use, any videotape, photographs, or electronic medium of my child or children, taken by a photographer on behalf of Beckwith Township, or a Beckwith Township staff member for any purposes. Not checking this box grants permission to the Township of Beckwith for use of any photos or video footage taken of your child while at camp for promotional purposes in print media and/or promotion. No financial remuneration is available should a picture/video be used.

Date: \_\_\_\_\_, 2020 Signature Parent/Guardian: \_\_\_\_\_

One copy to be at the same location as child, to be brought on day trips etc. Other copy to be kept in a secure location at the Township Office.