

Riverdale Recreation Commission Waiver Form – 2026 Summer Day Camp

Student Information

Registrants Name: _____ DOB: _____

Does your child have any barriers we should be aware of? If so, please explain below:

Guardian Information

Parent/Guardian Name: _____ Number _____

Parent/Guardian Email: _____

Emergency Contact Name & Number: _____

Medical Number: _____

Program Information

Dates – (Check off the weeks/Identify Dates you are enrolling in below):

- | | | |
|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> July 6-10* | <input type="checkbox"/> July 27-31 | <input type="checkbox"/> August 17-21* |
| <input type="checkbox"/> July 13-17 | <input type="checkbox"/> August 3-7* | <input type="checkbox"/> August 24-28 |
| <input type="checkbox"/> July 20-24* | <input type="checkbox"/> August 10-14 | <input type="checkbox"/> Individual Dates: |

*field trip week (Fridays)

Time: Drop Off: Between 8:00am – 8:30am & Pick Up: Between 4:00pm – 4:30pm

Location: Riverdale Community Centre

Ages: 5-12 Years of Age

Cost: \$25.00/day (\$30/day on field trip days) or \$100.00 per week

About: Have your kids spend the summer days with us at our Summer Day Camp! We've got themed weeks, with outings every second Friday. Kids will be kept busy in a controlled, fun environment.

Payment Information

Payment must be made prior to program start! RRC will accept cash, cheque (payable to "Riverdale Recreation Commission") or E-Transfer (email address to use: recreation@riverdalemb.ca password to use: "recreation")

Medical Release

I hereby state that the above applicant has no physical or mental conditions that prohibit participation in the program. I also understand that it is my responsibility to inform the Riverdale Recreation Commission (RRC) in writing of any physical or mental conditions that the staff should be aware of in dealing with enrollee during activities and/or in case of emergency. Staff accepts no liability for failure to inform them of any conditions or limitations. I am fully aware of and understand the risk, including the risk of catastrophic injury, paralysis, and even death, as well as other losses associated with participation in the program. I understand that the above conditions and risk and enroll the above-named person at his/her/my own risk. I hereby indemnify and hold RRC staff and instructors, harmless from and against any and all risk and liability assumed by or on behalf of the student, excepting them from acts of gross negligence by RRC's Staff.

Parent/Guardian Name & Signature: _____

Date: _____

OFFICE USE ONLY: Payment has been made in the form of a:

Chq: _____, Cash: _____, EFT: _____ Receipt Issued: Y or N Mgmt Initial: _____