

2017 REGISTRATION FORM \$369.00/week plus hst

SELECT CAMP DATE(S):							
Camp 1: July 3 - 7	Camp 6: Aug 8 - 11 * *(4 days - \$285.00/wk)						
Camp 2: July 10 - 14	Camp 7: Aug 14 - 18						
Camp 3: July 17 - 221	Camp 8: Aug 21 - 25						
Camp 4: July 24 - 28	Camp 9: Aug 28 - Sept 1						
Camp 5: July 31 - Aug 4)						

Camper's First Name:):	Las	t Name:		
S <u>ex:</u>	М	F	Age:	Date of Birth (DD/MM/YY):		Camp Date:	
Home	e Addre	ss:					
City:					Province:	Postal Code:	
H <u>ome</u>	e Phone	9:		E-n	nail:		
P <u>arer</u>	nt Name	e:			Daytime Phone	<u>e:</u>	
Emergency Contact Name:			ame:		Emergency Contact Number:		
Healt Healt Piper's WAIN Piper's upcom Condu by Car Refun Inclem Lutions Waive accide injury,	h Card h conce Heath c Heath c Heath c Heath l	Number (erns (aller annot guara annot guara annot guara annot guara brivacy Pol camp which is. brograms an Failure to de Refunds wi ther: Camp her. Refunds Heath will p heath will p nsent: I, the y sustained arising, which	Ontario residence on the an allergy ENT cy: Personal ir includes safet e operated by, a commay result libe issued for swill operate for or credits will rovide a lunch to rovide vegetaria a undersigned, by my child. It	free environment. All campers must be formation collected for the Summer Ca by and emergency purposes, and for futted and located on the Piper's Heath Golf Color in immediate expulsion from a program any cancellations received 7 days prior ain or shine." Piper's Heath instructors not be issued for inclement weather, and to camper's each day. The camp menual in and allergy conscious options when refereby authorize Piper's Heath Golf Cluereby indemnify and save harmless Piperay have been sustained by my child with the control of the control o	able to identify their ow mp will be used and he ure correspondence wit lub premises. To this e , without refund of payi to the first day of atten will provide alternative d no make-up dates. is set in advance, and v necessary. Items not lis be or anyone acting on per's Heath Golf Club fr hile participating in the	on allergies and carry the needed medication for treatment. Seld solely by Piper's Heath. Information is collected for the the camp participants which may include information about relevant and, all registrants will respect the facilities and grounds, and will about ment. Indiance. All refunds are subject to a \$25 administration fee. indoor activities (golf and non-golf related) in the event of will be available for review prior to first day of camp. No menu substicted on the "camp menu" are at additional expense. its behalf, to acquire medical aid that may be required as a result of rom any and all actions, claims and demands for damages, loss or camps.	
				Parent/Guardian Sig	•	Date	
	MENT I per's Na			nent is due in full upon registrati		(incl. 13% hst - \$416.97 /ea): \$	
PayP	al MC) Visa	AMEX	Card#		Expiry:	
Name	e on Ca	rd:			Signature:		

If paying by credit card, you may register by fax: 905.864.1730 or email scan to: colin@pipersheath.com