



PD Day Camp Registration

Child's Name(s): _____ Age(s): _____

Guardian Name: _____ Relation: _____

Address: _____

Phone Number: _____

Basic Program Information

Ages: 8 to 12

Time: 9:00 AM - 4:30PM (\$5 + tax fee for before and after hours per registrant)

Cost: \$45.00 + tax

Extended hours required 8:30am and or 5:00 pm (please indicate)

\$40 + tax for sibling

Extended hours required 8:30am and or 5:00 pm (please indicate)

VISA Master Card Debit Cash

Circle all that Applies

\$50.85

\$5.65

\$45.20

\$5.65

I, _____ (Parent/Guardian Name)

State that there are no medical concerns/conditions that would exclude the above registrant from taking part in the Hiawatha Highlands PD Day Camp. I also realize that there are risks associated with cross country skiing and agree not hold Hiawatha Highlands responsible for any accident or injury incurred during participation in the above program.

Emergency/Medical Information:

Allergies:

Health Card Number:

Emergency Contact #

Other Information:

Photo/Social Media Permission Yes No

Parent/Guardian Signature _____