



ROCK CAMP

Thank you and welcome to Niagara Rock Academy!

Student/s first & last name: _____

Student/s Age__: _____

Health Card #: _____

Allergies: _____

Doctor: _____

Parent/Guardian Information:

Parent/s first & last name: _____

Address: _____

Phone Number(s): _____

Email address: _____

Workplace: _____

Work Phone Number & Email: _____

Note: Please pack snacks and or lunch for your children as we will have scheduled break times except on Friday (Pizza day) provided and paid for by Niagara Rock Academy!



Terms and Conditions:

1. Rock Camp 2016 will be held at Niagara Rock Academy, 3820 Main Street Niagara Falls, Ontario, L2G 6B2. Attendees are not allowed to leave the building during the day other than for scheduled field trips or special arrangements.
2. Niagara Rock Academy reserves the right to cancel the program if the minimum enrolment is not met. A full refund will be issued if the program is cancelled.
3. All attendees must report to the School Administrator to sign-in each day before the scheduled session.
4. Proper attention and behavior are expected from attendees at all times. Niagara Rock Academy facilities and equipment must be treated with care. Costs of any damages must be paid by the parents/guardians
5. Attendees are responsible to provide their own lunch except for Friday (Pizza day) Note: Students will be required to check out with the appropriate staff member at the end of each day. Niagara Rock Academy shall not be held responsible or liable for the well being of the student during the time the student is not on the camp premises or under supervision. I hereby authorize my child's participation in this program. I know of no mental or physical conditions that may affect my child's ability to participate safely in this camp. I consent to such medical treatment of my child, in the event of emergency, as the attending physician may advise. I will be responsible for any medical or other charges in connection with his/her treatment or attendance in the camp. I realize that the school has the right to deny admission or dismiss any participant from the camp. I understand that if my child participates in or attends a camp at Niagara Rock Academy, I, the undersigned, am aware that there is a certain risk of injury involved in my child's participation in activity, and by signing this document, I waive and release any and all right and claim for any damages of any sort or any other claim or remedy of any sort I may have against Niagara Rock Academy, its directors, officers, and its staff, in connection with my child's participation in this camp. My child and I agree that any pictures and video taken by the camp instructor can be used in any promotion or advertisement for the program. By signing below, my child and I agree to abide by all rules, regulations, and standards of conduct as prescribed by Niagara Rock Academy. I agree that Niagara Rock Academy will not be held accountable for theft or damage of personal property. I confirm that the information provided above is true. I confirm that the above form has been completed by a parent or legal guardian of the student.

Parent/Guardian Signature: _____

Date: _____

niagararockacademy@gmail.com 3820 Main Street, Niagara Falls, Ontario L2G 6B2 289-929-8289

PLEASE GIVE US A CALL IF YOU HAVE ANY QUESTIONS