

Kettles Crafts



Family Name: _____

Cottage Phone: _____ Cell Phone: _____

Emergency Phone: _____ E-Mail: _____

Do your children have any Allergies that we should know of? (If so, please list):

Is your family a current paid member of the Kettles Association for 2017? Yes No

•Participants who are not members of the Kettles Association will be charged a fee of \$10.00 per week

Craft classes are Monday and Wednesday Mornings

Craft Session	Age	Time	1 Day	4 weeks	8 weeks
A	5-7	9:30-10:30	\$15	\$100	\$180
B	8-10	10:30-12:00	\$20	\$140	\$260

Participants Name	Age	Classes Attending	Fee
		July 3 <input type="checkbox"/> July 5 <input type="checkbox"/> July 10 <input type="checkbox"/> July 12 <input type="checkbox"/> July 17 <input type="checkbox"/> July 19 <input type="checkbox"/> July 24 <input type="checkbox"/> July 26 <input type="checkbox"/> July 31 <input type="checkbox"/> Aug 2 <input type="checkbox"/> Aug 7 <input type="checkbox"/> Aug 9 <input type="checkbox"/> Aug 14 <input type="checkbox"/> Aug 16 <input type="checkbox"/> Aug 21 <input type="checkbox"/> Aug 23 <input type="checkbox"/>	
		July 3 <input type="checkbox"/> July 5 <input type="checkbox"/> July 10 <input type="checkbox"/> July 12 <input type="checkbox"/> July 17 <input type="checkbox"/> July 19 <input type="checkbox"/> July 24 <input type="checkbox"/> July 26 <input type="checkbox"/> July 31 <input type="checkbox"/> Aug 2 <input type="checkbox"/> Aug 7 <input type="checkbox"/> Aug 9 <input type="checkbox"/> Aug 14 <input type="checkbox"/> Aug 16 <input type="checkbox"/> Aug 21 <input type="checkbox"/> Aug 23 <input type="checkbox"/>	
		Total	

Waiver

This is my consent for my family (the "Participants") to participate in activities organized by the Kettles Association (the "Activities"). In consideration for the Participants being permitted to take part in the Activities, I hereby release and discharge the Kettles Association, its directors, officers, members, employees, agents, independent contractors and volunteers from all claims, actions, causes of action or demands, including claims in negligence, arising out of, or in any way connected with the Participants participation in the Activities, howsoever arising or caused. I declare that this release is binding upon me, my children and each of our heirs, executors, administrators and assigns. I further certify that the participants are all covered by OHIP and/or private health insurance.

Signed: _____ Date: _____

Name (please print): _____

-----Office Use Only-----

Payment	Total Amount	Programs
<input type="checkbox"/> Cash <input type="checkbox"/> Cheque # _____		<input type="checkbox"/> swimming _____ <input type="checkbox"/> sailing _____ <input type="checkbox"/> crafts _____ <input type="checkbox"/> membership _____