

New Heights

Summer Camp 2017



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½ day at **Sky Zone Kitchener** & ½ Day at **Grand River Rocks**

Dates: August 14 – 18, 2017

Time: 9am – 5pm

Ages: 6-12

Price: \$259.00 plus applicable taxes

Reach new heights with our new summer camp! Kids will start the day at Sky Zone Kitchener having fun both on and off the trampolines. Activities include Ultimate Dodgeball, Skyrobics, and a GLOW party! After lunch, kids will head over to Grand River Rocks by bus for some rock climbing and games! The bus will take campers back to Sky Zone for 5pm pick-up.

Friday pizza lunch included (ordered from Mother's Pizza). Please inform camp staff of any food allergies. Participants are asked to bring nut-free lunches for Monday-Thursday and snacks for Friday.

Grand River Rocks: Harness rentals are included but shoe rentals are not, so please bring a pair of tight-fitting running shoes (rental shoes are \$5). Also, please bring a refillable water bottle. Participants are asked to wear comfortable clothing. No short shorts please!

Sky Zone: Bring a water bottle, dress in active wear and don't forget their Sky Socks. 1 Pair is provided at the beginning of the week. More can be purchased for \$3.25.

Pickup & Drop-off: Sky Zone Kitchener

If someone not already listed on this form will be picking up a camp participant, please inform camp staff prior to pickup. Individuals picking up participants should be prepared to show photo identification. No refunds. Extenuating circumstances (e.g. medical illness or injury) will be considered on an individual basis.

GRR HST Registration #: 832359715

PLEASE SUBMIT COMPLETED REGISTRATION AND WAIVER FORMS (online), ALONG WITH PAYMENT, TO GRAND RIVER ROCKS.

GRAND RIVER ROCKS

50 Borden Ave. South, Unit 1

Kitchener, ON

N2G 3R5

www.grandriverrocks.com

info@grandriverrocks.com

519.742.1389

SKY ZONE KITCHENER

150 Gateway Park Dr.

Kitchener, ON

N2P 2J4

www.skyzone.com/ca/kitchener

519.804.4455

New Heights



2017 Summer Camp Registration Form

Participant information (please print clearly):

First Name:	Last Name:	Gender: <input type="checkbox"/> male <input type="checkbox"/> female
Date of Birth: <i>day-month-year</i>	Age:	Contact Email Address: <i>(required)</i>
Street Address:	City:	Postal Code:
Daytime Phone #: Evening Phone #:	Emergency Contact: Emergency Contact Phone #:	
Previous climbing experience? <input type="checkbox"/> Yes <input type="checkbox"/> No Previous indoor trampoline experience? <input type="checkbox"/> Yes <input type="checkbox"/> No	Medical Conditions / Health Requirements / Allergies:	
Any additional information that we should be aware of?		

Please submit completed forms to Grand River Rocks and ensure waivers for both Grand River Rocks and Sky Zone are completed ONLINE.

-----Staff to fill out portion below-----

\$259 +tax
Staff: PAID: \$ _____ <input type="checkbox"/> Debit <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Cash
Ask if they have signed the Sky Zone waiver online <input type="checkbox"/>
Date received _____ Staff initials _____ Waiver checked _____ <i>Staple copy of receipt to form!</i>