CITY OF WELLAND
Recreation & Culture Division
145 Lincoln Street, Welland, ON L3B 6E1
Phone: 905-735-1700 EXT 4000
Fax: 905-732-6187
registration@welland.ca

2026 SUMMER SPORTZ CAMP REGISTRATION FORM / AGREEMENT

PARTICIPANT INFORMATION

Note: Proof of birthdate and address will be required; those who do not provide proof require will not be registered

Last Name:	First Name:
Date of birth:	Age on the first day of camp:
Current address:	
Postal Code:	City/Town:
Email Address:	
Parent/Guardian Full Name:	

EMERGENCY CONTACT INFORMATION

Name:	
Relationship:	Contact Number:

PICK UP INFORMATION

Please print the names of all individuals who can pick up participant:

CAMP DATES

DATES:	TOTAL AMOUNT OWING	CHEQUE No: *If applicable*
◯ July 6 - 9		
◯ July 13 - July 16		
◯ July 20 - July 23		
◯ July 27 – July 30		
◯ August 4 - August 7- *no Monday*		
◯ August 10 - August 13		
◯ August 17 - August 20		
◯ August 24 - August 27		

FEE/CHILD PER WEEK WITHDRAWAL

CAMP WITHDRAWAL POLICY: Transferring days will not be permitted. Withdrawal requests made must be submitted via Camp Withdrawal Request Form. These can be obtained in person or Online.
More than 30 days before the start of the registered camp week: Full refund for that week, minus a non-refundable $10.00 administrative fee per week**. Between 15 and 30 days before the start of the registered camp week:** Full refund for that week, minus a non-refundable $78.00 administrative fee per week. **Less than 15 days before the start of the registered camp week**:No refund will be issued for that week

PAYMENT OPTIONS *initials*

The first 3 (three) Weeks of Camp must be paid in full

On-Line registration: Credit card payment only. You must save credit card information online
In Person Registration: Post-dated cheques payable to: "City of Welland" for the full amount must be paid at registration time. Cash, Debit and Credit Card payments will be accepted. In-person registration location: 145 Lincoln St., Welland Community Centre.

Total Fee:	Scheduled Payment	Date:

Medications:	
Strengths and Abilities:	
Area that child requires support or assistance:	
Activities he/she enjoys most:	
***Note: Funding is not available for 1-1 support, parents would be required to provide the Support Worker.**	
YES NO	Will your child be supported with Community Living or another support person? Details required:
YES NO	Does your child have a diagnosis of a disability? If yes, please describe:
YES NO	Does your child need to have any equipment that he/she needs at camp (e.g. Wheelchair, stroller, headphones, etc.)? If yes, please describe:
YES NO	Does your child need any type of assistance with his/her communication? If yes, please describe:
YES NO	Does your child have glasses or a hearing aid? If yes, please describe:
YES NO	Is there anything additional we need to put in place to ensure your child's safety at camp (e.g. wandering, water/pool safety)? If yes, please describe:
YES NO	Are there any challenges that your child faces interacting with other children/persons (e.g. routines, turn-taking, crowds)? If yes, please describe:
YES NO	Is there a situation where your child's behaviour be a concern? How do you as a parent/guardian handle any such concern?)? If yes, please describe:
YES NO	Is there any additional information that you fee may be relevant while your child is at camp?
SIGNATURES	
I have read and acknowledge the terms outlined in this agreement. I declare that all information, contained herein, is accurate.	
Parent/Guardian Signature:	