

REENA CANCELLATION & WITHDRAWAL INFORMATION

Reason	Notes	You Receive....
Program Cancellation: Reena may cancel a program/camp due to low enrolment or unforeseen circumstances.	Every effort is made to accommodate the participants in another program/camp, but if not possible, a refund will be issued.	- a full credit or refund - no administration fees
Medical: A medical certificate (Dr's Note) is required.	Request must be made BEFORE mid-way point of the program/camp.	- a pro-rated refund, less administration fees of \$25.
Program Withdrawal 2 Weeks BEFORE Program Start; 4 Weeks BEFORE Camp Start.	Requests must be made a minimum of 2 Weeks notice before program start date. Camps require 4 weeks notice before the start date.	- a full refund less Administration fees of \$25.00
Program Withdrawal Without required notice before Program or Camp Starts.	Reena receives notification of withdrawal with less than 2 Weeks notice before program start date; Less than 4 weeks for camps	- a 50% refund, less administration fees of \$25.
Program Withdrawal After Program or Camp Starts.	Once a program/camp has started with no attendance, a request for refund will not be accepted.	- SORRY, no refund.

Participants wishing a refund must notify the Reena office in writing. Non-attendance does not constitute notice of withdrawal. Receipts issued, must be returned to be eligible for the appropriate refund.

Missed Classes: In the event that a participant is unable to attend a class (es), Reena regrets that make-up class (es), refunds or credits cannot be offered.

Payment: Full payment of program fees must be made at the time of registration, Mastercard, Visa are acceptable methods of payment for all programs/camps. Participants/Campers will not be admitted to attend unless all fees are paid.

Waiver of Liability: Reena shall not be liable, either directly or indirectly, for any claims, or any damages, costs and expenses, including but not limited to personal injury, property damage or lost or stolen property, arising from or connected with participation in any activity contemplated by a registration, whether or not such injury, damage or loss occurred as a result of any negligence, negligent misrepresentation, breach of statutory duty, breach of the Occupiers' Liability Act and/or breach of contract on the part of Reena.

Refund Policy subject to change without notice

Payment Information:

Name: _____

Address: _____

City _____ Postal _____

Telephone Number: _____ Cellular Number: _____

Program: _____ Accounting Code: _____

Total Program Cost: _____

1. Pay in Full Today

2. Cash Payment

3. By Cheque Payments Only:

Pay a Deposit today & pay balance in instalments Deposit Amount \$ _____

I have included _____ post-dated cheque(s) in the amount of \$ _____ each.

Please note that the last post-dated cheque must be dated for no less than 2 weeks prior to the start date of the program/camp. All NSF Cheques returned will be subject to a \$25 administration fee.

4. For Credit Card Payments Only:

Pay a Deposit today & pay balance in instalments Deposit Amount \$ _____

Balance to be processed in _____ instalment(s) on the _____ day of _____ each month.

Please note that the last instalment must be dated for no less than 2 weeks prior to the start date of the program.

Check the appropriate circle:   Cheque Cash

Credit Card Number: _____ / _____ / _____ / _____ Expire Date: Month _____ Year _____

Card Holder's Name (Please Print) _____

Card Holder Signature _____

Terms and Conditions:

I authorize the payee to debit my account as indicated by the credit card number under the terms and conditions agreed to by me with the payee.

I acknowledge delivery of my authorization constitutes delivery by me to the financial institution where I maintain an account. Such financial institution is not required to verify the payments drawn in accordance with this authorization.

Termination of this authorization does/may not terminate the contract for goods and services exchanged or NSF/decline credit card fees.

I will notify the payee in writing of any changes in account information or termination of this authorization prior to the next debit due date.

I warrant that all persons whose signature(s) are requested to sign on this account have signed this agreement.

Preauthorized Payment Waiver: I acknowledge I have read and agree with all the provisions contained in the terms and conditions.

Signature

Date

MEDICAL INFORMATION / RELEASE

I, the undersigned, parent/ guardian of _____, (a minor), do hereby authorize Reena as our agent to consent to any diagnostic procedure or medical care which is deemed advisable by, and is rendered under the general or special supervision of any licensed physician and surgeon at a hospital and/or doctor's office.

It is understood that this authorization is given in advance of any specific need for treatment, but is given in order to provide authority on the part of the aforesaid agent to give specific consent to any and all such diagnosis, treatment, or hospital/private doctors in which the physician exercises his/her best judgement and may deem advisable.

Reena will of course attempt to contact the parent/guardian first. The undersigned Parent, in consideration of participation in Reena _____ programs, agrees to indemnify and hold harmless Reena, its representatives, officers, directors, employees and volunteers, and releases same from any and all liability for any injury however caused which may be suffered by the participant named herein, arising out of or in any way connected with participation in Reena activities, trips, etc, and assumes the risk of such injury or illness.

The Parent/guardian agrees to abide by all conditions as set out under Reena's conditions of Enrolment as well as Reena's Cancellation and Refund Policy.

The Directors and senior staff of Reena reserve the right to terminate the enrolment of the participant when it is deemed by the Director to be in the best interests of either the participant or Reena.

Reena shall not be deemed to be responsibly for the participant's property.

The authorization shall remain effective unless revoked in writing and delivered to the said agent.

Signed by the Parent/Guardian _____ Date _____

OHIP NUMBER _____ VERSION _____

Other Medical Insurance Carrier: _____ Policy/Group # _____

Prescription Drugs Currently Being Taken By Client:

Emergency Contact Name and Number(s):

Name: _____ Telephone Number: _____

Name: _____ Telephone Number: _____