



Catfish Creek Conservation Authority

8079 Springwater Road, RR#5
Aylmer, ON N5H 2R4
(519) 773-9037



2025 Information and Schedule

Camp Dates	July 28-August 1, 2025 & August 25-August 29, 2025	What to Bring Every Day (Important!)
Rates	\$230.00 for 5 day weeks	<ul style="list-style-type: none">• A NUT FREE and litter-less lunch/snacks and water bottle• Hat, running shoes, swim suit, towel and a change of clothes• Spray waterproof sunscreen (suggestion: 60SPF or higher) and spray bug repellent• No electronic devices (cellphones, games, music, etc.), we're here to enjoy the outdoors!
Campers	20 campers/day (this number will depend on government restrictions)	
Ages	6-12 years old (child can be in the seventh year)	
Activities	Most of our time is going to be outdoors! See more details below.	

Weekly Activities

*these are subject to change, depending on Government and Public Health Guidelines

Camp Times	Activities
Week 1 – Wilderness Explorers	We don't have to travel far to find some amazing animals. Let's start in our very own backyard, Springwater Conservation Area. We will search and explore all over Springwater to catch bugs, jump for frogs, and play games to learn about the amazing animals that call Springwater home.
Week 2 – Wilderness Explorers	We're going to take adventure to the next level. Children will be able to participate in fun activities like biking, hiking, canoeing, geocaching and so much more. We are going to experience all of the recreational activities nature can provide for us. Campers will have to supply their own bike for Tuesday and Thursday.

Please note that the schedule and activities are subject to change.



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Rules and Procedures

Registration

Your registration form can be e-mailed, faxed, mailed, or dropped off at the Springwater Main Office (8059 Springwater Road). All registrations are processed on a first come, first served basis. We require both your completed registration form **and** payment to secure your child's enrollment into the Springwater Wilderness Explorer Day Camp.

Transfer Policy

There will be a \$20 service charge to change your child's registration.

Refund Requests

Refund requests must be received 10 days prior to the day/week enrolled for a 100% refund. After this time, you will receive a 50% refund. A refund will not be granted if a child is asked to leave Day Camp due to misbehavior.

Payment

We accept debit, cash or Visa and MasterCard. A **full** payment is required to save your child spot.

Absences

If your child is sick or you are running late, please let us know (office: 519-773-9037) and leave us a message. Our camp activities start at 9:00 a.m. and if your child is not here we will proceed with our daily activities.

Camper Behaviour

Campers attending the Springwater Wilderness Explorer Day Camp are expected to interact appropriately and respectfully with fellow campers, camp staff, the public, and the environment. Campers are expected to follow the Catfish Creek Conservation Authority's zero tolerance policy for bullying and/or violence of any kind. The Springwater Wilderness Explorer Day Camp reserves the right to dismiss a camper at their sole discretion if, in their opinion the camper is a hazard to, or impairs the safety or rights of others, or appears to have rejected the reasonable controls of the camp, or has failed to cooperate with camp rules in any manner. A refund will not be granted if a camper is asked to leave the Springwater's Wilderness Explorers Day Camp due to misbehaviour.

We reserve the right to cancel or alter the Springwater Wilderness Explorer Camp due to limited registration numbers or availability of staff.



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Registration Information

The Springwater's Wilderness Explorer Camp hours of operation are 8:30 a.m. to 4:30 p.m. Circle the week(s) you want to book. If you require early drop off or late pickup, please fill in the dates below. Please complete all pages of this form. This form may be used for more than one child.

1. **Child's First & Last Name** _____

Date of Birth (D/M/Y) _____ Age _____

July-August	M	T	W	TH	F	August	M	T	W	TH	F
Week 1 – Wilderness Explorer	28	29	30	31	1	Week 2 – Wilderness Explorer	25	26	27	28	29

Early drop off (7:30 AM-8:30 AM) dates:

Late pick up (4:30 PM-5:30 PM) dates:

2. **Child's First & Last Name** _____

Date of Birth (D/M/Y) _____ Age _____

July-August	M	T	W	TH	F	August	M	T	W	TH	F
Week 1 – Wilderness Explorer	28	29	30	31	1	Week 2 – Wilderness Explorer	25	26	27	28	29

Early drop off (7:30 AM-8:30 AM) dates:

Late pick up (4:30 PM-5:30 PM) dates:



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Parent/Guardian Contact Information

Guardian Name: _____ Telephone Number: _____

Relationship: _____ E-mail: _____

Work: _____ Work Number: _____

Address: _____

2nd Guardian Name: _____ Telephone Number: _____

Relationship: _____ E-mail: _____

Work: _____ Work Number: _____

Address: _____

Additional adults authorized to pick up child (include their phone # and relationship):

1. _____

2. _____

*** Only those indicated on the registration form as authorized pick-up will be allowed to pick-up your child from camp. For your child's safety, no exceptions will be made to this rule. Authorized pick-ups must be 18 years or older. AUTHORIZED PICK-UPS WILL BE REQUIRED TO SHOW PHOTO ID.**

Payment Information:

1. Fee per Child: \$46 per day (\$230 for 5 days)
2. AM Early Drop off - \$8.00
3. PM Late Pickup - \$8.00

_____ Days x \$8.00
_____ Days x \$8.00

Total Owed: _____

Payment Options: Cash ☐ Debit ☐ Visa ☐ MasterCard ☐

Total Paid: _____

***Can pay with Visa or MasterCard over the phone, otherwise please come to the Springwater Main Gate for payment.**



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Emergency Health Information

Health Card Number(s): _____ / _____

Family Doctor: _____ Doctor's Phone #: _____

Please list any health and/or behavioural/physical challenges that we should be aware of (i.e. allergies/EpiPen, asthma, running away/hiding, other) for each child:

Any medication required (EpiPen, allergy medication, etc.) must be left with staff, unless otherwise discussed.
In case of a medical emergency, I give permission to have my child taken to the nearest hospital or medical Centre.

Signature of Parent/Guardian

Date



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PERMISSION to participate in creek/water activities, swimming and sunscreen

Can your child swim? – please CIRCLE ONE YES NO Comment _____

I, _____, (parent/guardian name) please circle one – **do give permission OR do not give permission** for my child to participate in creek/water activities or swimming in Springwater Pond. Camp staff will remind children to apply sunscreen throughout the day and will apply your child's spray waterproof sunscreen and/or will advise your child to wear a T-shirt for protection when necessary.

PERMISSION to take Photographs/Videos

Please circle one: **I do give permission OR I do not give permission** for the Springwater's Wilderness Explorer Day Camp to take and use still or moving pictures of my child in promotional material that may be distributed in print, through social media and other outlets.

WAIVER AND ASSUMPTION OF RISK

I, _____, (parent/guardian name) wish to have my child _____ participate in the above noted program, co-hosted by the Springwater's Wilderness Explorer Day Camp and the Catfish Creek Conservation Authority. As part of registering my child, I hereby agree as follows:

1. I acknowledge that there are inherent risks associated with this activity and that my child could sustain personal injury through participation in this activity and I am hereby accepting to take that risk on behalf of myself and my child.
2. To save harmless and keep indemnified the Springwater's Wilderness Explorer Day Camp and the Catfish Creek Conservation Authority and their respective agents, officials, servants and representatives from and against all claims and actions, costs and expenses and demands, in respect of injury, loss or damage or death to myself or my child's person.
3. That I affirm that my child is in good health, capable of participating in the program and activities of the Springwater Wilderness Explorer Day Camp, and I accept personal risk on behalf of myself and my child for the consequences of such participation.
4. That I agree that my child will follow the rules and guidelines of the Springwater Wilderness Explorer Day Camp.
5. In the event of an accident or medical problem suffered by my child, I consent to the Springwater Wilderness Explorer Day Camp staff to seek out the appropriate medical care.
6. That I declare this Waiver and Assumption of Risk is binding on me, my child, my heirs, executors, administrators and assigns.

I have read this Waiver and Assumption of Risk and I fully understand all aspects of it.

Signature of Parent/Guardian

Date

The Camp Director of the Springwater Wilderness Explorer Day Camp, is the Customer Services Outreach Clerk, they can be reached at csclerk@catfishcreek.ca or 519-773-9037 ext. 16 (CCCA Office) for any questions and emergencies.