



Township of Huron-Kinloss

Wolf Cub Adventure Camp Registration Form

**Parent/Guardian Information**

Parent first name:

Parent last name:

Parent phone number:

Parent email address:

**Camper Information:**

Name:

Birthdate:

**Emergency Contact (if parent/guardian cannot be reached):**

Name:

Phone number:

Email address:

**Dates, themes and fees (please select all that apply):**

Week #1 July 10th-14th 2017 Barnyard Palooza, \$130/week

Week #2 July 17th-21st 2017 Construction Junction, \$130/week

Week #3 July 24th-28th 2017 Mad Science, \$130/week

Week #4 August 8th-11th 2017 Space is the Place, \$130/week (includes trip fee)

Total Payment:

**Week 4 - No Camp Monday due to Holiday**

**Assumption of risk and indemnifying release:**

Township of Huron-Kinloss staff will make every reasonable effort to minimize exposure to risks associated with each participant's participation in Township programs. By signing this form you hereby acknowledge that your child or children may participate in activities that involve the risk of injury. You also agree that you have completed an accurate health history for your child or children and you permit your child or children to participate in the full range of program activities. You hereby release and hold harmless the Township of Huron-Kinloss, its employees, volunteers and their respective successors. **Initial:**

**Municipal Freedom of Information Act:**

In accordance with the Municipal Freedom of Information and Privacy Act, personal information is collected under the authority of the Municipal Act, R.S.O 1990, c.M45, as amended, and will only be used for the purpose of maintaining adequate records of participation and enrollment in recreation programs and for medical information when required in emergency situations. **Initial:**

**Parent/Guardian Signature:**

**Date:**

**Camper Introduction and Medical Information:**

Camper Name: Birth date:  
Ontario Health Card Number:  
Issue Date: Expiry Date:

**Health History and Personal Information:**

Does your child have any allergies? Yes No  
If yes, please describe them:

Does your child require medication while at camp? Yes No  
If yes, what medication is required? What is the dosage of prescribed medication required? Does your child require assistance taking their medication? Please note all medication must be in current, original packaging with the name of the camper and the accurate dosage clearly labelled on the packaging.

Does your child have any dietary restrictions we should be aware of? Yes No  
Please describe any dietary restrictions:

What is your child's swimming ability?  
Weak (requires a lifejacket at all times)  
Fair (requires a lifejacket in the deep end)  
Good (does not require a lifejacket)

Please keep in mind, all campers will perform a swim test and the lifeguards will determine what campers require a lifejacket during the swimming session.

Is there any other medical or behavioural information you would like the camp staff to know about your child?

**Photo and video consent and release:**

By signing this form, you are consenting to the taking of photographs and/or video recordings of your camper by Township of Huron-Kinloss staff for the purpose of marketing and promoting programs. **Initial:**

**Disclaimer**

All programs are subject to cancellation due to low enrollment or other unforeseen circumstances. **Initial:**

**Parent/Guardian Signature:**

**Date:**