



Township of Huron-Kinloss 2018 Wolf Cub Adventure Camp Registration Form

Parent/Guardian Information

Parent First Name: _____ Parent Last Name: _____

Address: _____ City: _____

Postal Code: _____ Phone Number: _____ Email: _____

Camper Information:

Name: _____ Birthdate (YY/MM/DD): _____

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

Name: _____ Phone number: _____

Email: _____ City: _____

Please check all weeks that apply:

- Week #1 July 9th - 13th 2018 Nature Unleashed
- Week #2 July 16th - 20th 2018 Movin' and Groovin'
- Week #3 July 23rd - 27th 2018 Colour CraZyness!
- Week #4 July 30th – August 3rd 2018 Movies, Muppets & Puppets

Registration Cost:

Week	Dates	Cost	Last Day to Cancel
1	July 9 – 13	\$140.00	June 25
2	July 16 – 20	\$140.00	July 2
3	July 23 – 27	\$140.00	July 9
4	Jul 30 – Aug 3	\$140.00	July 16

Cancellations and Refunds:

To cancel camp registrations, notification must be received in writing by the Administrative Assistant of Community Services no less than two weeks prior to the start of camp by 3:00pm. After that time, no refund can be issued.

Refunds will take 2 – 4 weeks to process and will be received in cheque form via Canada Post. Refunds will not be given in the form of cash or debit.

Initials: _____

Parent/Guardian Signature: _____ Date: _____

Photo and Video Consent and Release:

By signing this form, you are consenting to the taking of photographs and / or video recordings of your child by the 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. Should cancellation occur, registrants will be notified promptly and the full registration amount will be refunded as soon as possible.

Initials: _____

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: _____

Age Requirements and Supervision:

All campers must be at least 5 years of age by December 31st 2018. **All participants must be fully toilet trained by the start of camp.** Maximum participant numbers are determined by the number of staff, based on ratios. If you feel that your child requires additional support or accommodations, please notify the Administrative Assistant for Community Services at the time of registration. Every effort will be made to provide additional assistance.

Initial: _____

Drop Off / Pick Up and Safe Arrival:

Safety is priority number one at camp! If you know that your child will be late or absent, please call the arena office at 519-395-2909. Every absent camper will receive a phone call home daily if they are absent without prior notification.

Children must be signed in and out daily by their approved guardian or caregiver. Only adults listed will be permitted to pick-up children. Photo ID may be required. Please notify the Arena office if this changes throughout the day.

Initial: _____

Camper Introduction and Medical Information:

Camper Name: _____ Birthdate (YYYY/MM/DD): _____

Ontario Health Card Number: _____

Issue Date: _____ Expiry Date: _____

Health History and Personal Information:

Does your child have allergies? Yes No

If yes, please describe them:

Does your child require medication while at camp? Yes No

If yes, what medication is required? Please give thorough details including dosage, whether your child requires assistance to administer medication, etc. Please note all medication must be in current, original packaging with the name of the camper and the accurate dosage must be labelled on the packaging.

Please describe any dietary restrictions that camp leaders should be aware of:

What is your child's swimming ability?

- Weak (requires life jacket at all times)
- Fair (requires a life jacket in the deep end)
- Good (does not require a life jacket)

Please note that all campers will perform a swim test at the beginning of each swim session. The lifeguards on duty will determine which campers require a life jacket for that session

Is there any other relevant information about your child that you would like camp staff to know about?
