

ASSINIBOINE PARK DAY CAMP

WEEKLY REGISTRATION FORM - SUMMER 201

Camper's First Name: _____ **Last Name:** _____
 Birth date: _____ (M) _____ (D) _____ (Y) Age at start of camp: _____ Entering Grade: _____
 Address: _____ Gender: _____
 City: _____ Province: _____ Postal Code: _____
 Assiniboine Park Membership #: _____ How did you hear about us? _____
 Custody: _____
 1st Parent/Guardian's Name: _____
 2nd Parent/Guardian's Name: _____

Child's T-shirt Size Is?

- | | | |
|-------------|--------------|-------------|
| Youth Small | Youth Medium | Youth Large |
| Adult Small | Adult Medium | Adult Large |

Daytime Phone: _____ work home Cell Phone: _____
 E-mail: _____

Are you working with a Child Care Agency, Support or One-on-One Aide Program? Yes No
 • If yes, please name the Organization: _____
 • Contact Name: _____ Phone: _____

Summer Camp Weeks for Children Age 5-12

- July Sessions:** July 2-5 July 8-12 July 15-19 July 22-26 July 29-August 2
August Sessions: August 6-9 August 12-16 August 19-23 August 26-30

Payment Information

PROGRAMS	MEMBER PRICE	REGULAR PRICE
All 5-Day Camps	\$207.00 (+GST=\$217.35)	\$230.00 (+GST=\$241.50)
All 4-Day Camps	\$166.50 (+GST=\$179.55)	\$190.00 (+GST=\$199.50)

Amount Owing: _____ Cheque Visa MasterCard Sunshine Fund
 Registration is not complete without payment unless you are receiving funding from the Sunshine Fund.
 If you are paying by Visa or MasterCard, we will contact you once we have received your forms to process your payment. If you are paying by cheque, you will receive an email confirming registration after we have processed your payment.

Medical Form/Waiver and Release

My Child's Name is: _____

Permission for Assiniboine Park Conservancy to take photos and/or video footage of my child:

- Please check one: **YES** **NO**

Said photographs, audio or video shall only be used in connection with educational programs, publicity, fund raising campaigns and/or brochures for promotional purposes of the Program.

Dated on _____, **201**

Signature of Parent or Legal Guardian Print name of Parent or Legal Guardian

Authorized Drop-off and Pick-up (ID required)

Please name the people (*including yourself*) authorized to pick-up the camper from Camp

First Name: _____ Last Name: _____ Relation: _____

First Name: _____ Last Name: _____ Relation: _____

Medical Concerns or Allergies:

1. Is your child allergic to any of the following (please check all that apply):
 Insect stings/bites Nuts or Peanuts Drugs (e.g. penicillin, aspirin)
 Seasonal allergies other: _____
2. Does your child carry an: Epi-Pen Ana-Kit Inhaler/Bronchodilator
3. Current Health Issues: Headaches Diabetes Epilepsy/Seizures
 Hay fever Eye problems Stomach aches Requires mobility aid
 Earaches Nosebleeds Other: _____

Behavioural Concerns: ADD/ADHD Autism Other: _____

- How is/are the above issue(s) handled? _____
- Please note any other health issues or medication camp staff may need to know about:

• **Camp staff is not authorized to administer medication**

4. I grant permission for Assiniboine Park Zoo Camp to apply the spray and/or lotion versions of the following. (Please note Campers must supply their own). Sun Screen Bug Spray

Emergency Contacts

1st Emergency Contact's Name: _____ Phone: _____

2nd Emergency Contact's Name: _____ Phone: _____

Provincial Health Registration Card Information

Province: _____

Registration Number (6 digits): _____ Personal Health I.D. Number (9 digits): _____

Day Camp Medical Form / Release

My Child's Name is: _____

This Waiver and Release shall be binding upon me and my child, and our heirs and personal representatives. I acknowledge that I have read this document before signing it and have had an opportunity to obtain an explanation as to its contents.

IN CONSIDERATION of the acceptance of my child's registration in the Assiniboine Park Day Camp Program (the "**Program**") during the week/day of _____ (date), operated by the Assiniboine Park Conservancy Inc. (the "**Park**"), and in consideration of my permission for my child to participate in the Program which is sponsored by the Park, I hereby waive, release, discharge, and covenant to hold harmless the Park, its directors, officers, employees, agents, volunteers, coaches, and others representing the Park, from any and all liabilities, claims, demands, loss, or injury, that may arise from, or be sustained by, my child while participating in any Program sponsored by or conducted in conjunction with the Park, or that results from the use of Park facilities and/or equipment.

I Consent To The Following As A Parent And/or Legal Guardian:

- I accept financial responsibility for any treatment(s) or medication not covered by my provincial health care insurance;
- I give my consent to allow first aid to be performed on my child in the case of a medical emergency.

I hereby waive, release, discharge, and covenant to hold harmless the Park, its directors, officers, employees, agents, volunteers, coaches, and others representing the Park, from any and all liabilities, claims, demands, loss, or injury, that may be sustained by my child, that arises from or in connection with the undertaking of any action or actions related to the above-noted medical concerns or allergies. I have carefully read and understand all of the above and I have had an opportunity to obtain an explanation of its contents:

Dated on _____, 201

Signature of Parent or Legal Guardian

Print name of Parent or Legal Guardian

Please submit to: education@assiniboinepark.ca, P: 204-927-6070, F: 204-927-7206

Policies:

- Cancellations must be made a minimum of ten (10) business days prior to the start of the program for a 90% refund of the program fee.
- Cancellations with less than ten (10) business days' notice receive a 75% refund of the program fee.
- No refunds will be given for cancellations with less than two (2) business days' notice.
- Advance registration is required and the full payment must be received in advance to guarantee a space.
- Receipt of your child's medical form, consent and audio/visual waivers are **mandatory** for participation in all camp programs.
- Please retain your receipts for tax purposes
- We reserve the right to expel bullies and uncooperative campers in the case of any infractions (physical, verbal or otherwise), with *no refund* of camp fees or other financial compensation. Please visit www.assiniboinepark.ca or www.assiniboineparkzoo.ca for all of our camp policies

Lunch and Snacks

- **PLEASE DO NOT SEND NUTS** as many of our campers have severe allergies to foods like gluten, soy, or milk products and we want to help reduce the risk of exposure to these items.
- Time will be scheduled each day for campers to have a morning snack, lunch and an afternoon snack. Please ensure that your child has something to eat and drink for each of these breaks.
- Please pack a picnic style lunch: no heat ups, bring our own utensils, a We do not have access to microwaves or eating utensils.

U:

- Camp Leaders are not authorized to administer medication, with the exception of a camper's personal epi-pen in the case of an emergency. However, we may remind children to take their medication.
- Campers must carry their own medication in a fanny pack which is to be worn on the camper at all times. Epi-pens and other emergency medication should not be carried in pockets, backpacks, or loose in a bag as campers may not be with their bags during parts of the day.

During the Week:

- Campers are active throughout the day. Please ensure proper footwear is worn (runners/sport sandals are okay, but not flip flops or Crocs) to make these activities more enjoyable.
- We have **water games** every Friday afternoon. To avoid a wet ride home, please send a bathing suit & towel (or a change of clothes) on Friday.

Drop-Off and Pick-Up:

- **Drop-off from 8:00 and 9:00 a.m. Pick-up is from 4:00 and 5:00 p.m.**
- Drop-off/pick-up location is at the Special Events Entrance inside the Park (54 Zoo Drive).
- **You will be billed an additional \$5.00 for every 15-minute interval you are late picking up your child**