

M PD DAY CAMP

Registration 2017/2018

THE MUSEUM

For Administration Purposes

Paid

Confirmed

Name of Camper: _____ Age: _____ Gender/Sex: _____

Please note: All campers registered as 4 years old may be required to provide proof of age (birth certificate) in accordance with the Child Care and Early Years act.

Address: _____

City: _____ Province: _____ Postal Code: _____

Parent/Guardian's Name: _____ Tel (D): (____) _____ Tel (E): (____) _____

Cell: (____) _____ Email: _____

Parent/Guardian's Name: _____ Tel (D): (____) _____ Tel (E): (____) _____

Cell: (____) _____ Email: _____

Yes, I would like to receive email updates from THEMUSEUM about events and programs.

Yes, I have read the Camp Parent Handbook (located on THEMUSEUM website).

How did you hear about us? _____

Camp Theme	Camp Date	Member#
The Science Behind Nature	September 22, 2017*	<input type="checkbox"/> \$40 Members <input type="checkbox"/> \$45 Non-Members
Photo-tastic	November 17, 2017	<input type="checkbox"/> \$40 Members <input type="checkbox"/> \$45 Non-Members
Digital Detectives	January 26, 2018	<input type="checkbox"/> \$40 Members <input type="checkbox"/> \$45 Non-Members
Scientists of Spring	April 2, 2018	<input type="checkbox"/> \$40 Members <input type="checkbox"/> \$45 Non-Members
Virtual Worlds	April 13, 2018	<input type="checkbox"/> \$40 Members <input type="checkbox"/> \$45 Non-Members
Level Up!	May 4, 2018	<input type="checkbox"/> \$40 Members <input type="checkbox"/> \$45 Non-Members
Reaction Science!	June 1, 2018	<input type="checkbox"/> \$40 Members <input type="checkbox"/> \$45 Non-Members
Life in Space?	June 19, 2018	<input type="checkbox"/> \$40 Members <input type="checkbox"/> \$45 Non-Members
		Total _____

* Due to our annual shutdown, our September PD Day Camp will take place offsite and involve walking trips to the park. Drop-off and pick-up will take place at THEMUSEUM as usual.

Admin Fee of \$5 is applicable if registering less than 7 days prior to camp date.

Method of Payment (*payment must be made at time of registration)

Mastercard Visa Debit Cash

Credit Card Number: _____ Expiry Date: _____

Name On Credit Card: _____

Notes: _____

IDEAS TRANSCENDING OBJECTS

10 King Street West, Kitchener, ON, N2G 1A3 | P: (519)749-9387 ext. 256 | E: Camps@THEMUSEUM.ca | THEMUSEUM.ca

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Name of Camper: _____

Birthday (yy/mm/dd): _____ Health Card Number: _____

Does the camper take medication on a regular basis? _____

Does the camper have chronic medical problems that affect his/her behaviour or health needs while at camp? _____

Are there any allergies? Please specify: _____

*** I _____, authorize THEMUSEUM to administer first aid to my child if required.**

Medication Dispensing Authorization

As parent/guardian of the above-named child, I authorize the dispensing of the medication(s) listed below by THEMUSEUM personnel who I acknowledge are not medically trained. I release THEMUSEUM, its employees and agents from all manner of actions, causes of action, suits, losses, damages or injuries, however caused, arising out of the administration or failure to dispensing medication herein, and indemnify THEMUSEUM, its employees or agents for any losses or damages sustained by them as a result of such actions or proceedings being commenced against them by myself or the child or any other parent/guardian of said child. I am aware that all medications must be given to THEMUSEUM staff at camp drop-off.

Medical Information

Diagnosis/Reasons for Medication: _____

Medications Prescribed	Dosage	Time
_____	_____	_____
_____	_____	_____

Possible Side effects: _____

*** Parent/Guardian Signature: _____ Date: _____**

The Waterloo Region Medical Officer of Health supports this form.

I authorize THEMUSEUM to take photographs and/or video of my child while participating in a program and to use this media for promotional purposes including print or electronic publications, without compensation to me.

Additional Individuals Authorized for Drop-off and Pick-up:

Name: _____ Phone: _____

Name: _____ Phone: _____

*** I _____, authorize the above individual(s) to drop-off/pick-up my child.**

*** Parent/Guardian Signature: _____ Date: _____**

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