



# WINTER BREAK CAMP

## Registration 2018 - 2019

For Administration Purposes

Paid

Confirmed

Name of Camper \_\_\_\_\_ Age \_\_\_\_\_ Gender/Sex \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_ Tel \_\_\_\_\_ Cell \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_ Tel \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_ Alt Email \_\_\_\_\_

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

Yes. I have read the \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Camp Theme	Camp Date	Access Pass# _____	
Not-So-Ugly Holiday Wear (Hat)	December 27 & 28, 2018	<input type="radio"/> \$100 Members	<input type="radio"/> \$110 Non-Members
Not-So-Ugly Holiday Wear (Sweater)	January 2, 3 & 4, 2019	<input type="radio"/> \$150 Members	<input type="radio"/> \$165 Non-Members
Not-So-Ugly Holiday Wear (Hat + Sweater)	All 5 Days	<input type="radio"/> \$235 Members	<input type="radio"/> \$265 Non-Members
		<b>Total</b> _____	

Admin Fee of \$5 is applicable if registering less than 14 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 | 519 749 9387 | Camps@THEMUSEUM.ca | THEMUSEUM.ca



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Name of Camper \_\_\_\_\_ Birthday (d/m/y) \_\_\_\_\_ Health Card # \_\_\_\_\_

Does your camper take medication on a regular basis? \_\_\_\_\_

Does your camper have chronic medical problems that affect his/her behaviour or health needs while at camp?  
\_\_\_\_\_

Are there any allergies? Please specify \_\_\_\_\_

### 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.**

### Medication Information The Waterloo Region Medical Officer of Health supports this form.

Diagnosis/Reasons for Medication \_\_\_\_\_

Medications Prescribed \_\_\_\_\_ Dosage \_\_\_\_\_ Time \_\_\_\_\_

Possible Side effects \_\_\_\_\_

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

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

### THEMUSEUM Day Camp Policies & Waiver

**Registration/Cancellation:** Registration is accepted on a first come-first served basis, registration on the day of the camp is not guaranteed; payment must be received at time of registration, and a \$5 administration fee applies to all registrations within 14 days of the camp date. Smart phone images/faxed copies of a form will not be accepted. Cancellations must be received at least 7 days prior to the camp date in order to receive a gift card to THEMUSEUM for the full amount or receive a 50% refund of total cost. Free transfers are available to another date/week dependant on availability.

**Late Pick-Up:** THEMUSEUM provides free extended care from 4:00pm - 5:30pm. After 5:30pm, all camper pick-ups will incur a \$10 late fee for the first 15 minutes and \$5 for every 15 or part thereafter.

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

**Authorization:** In permitting my child to attend Day Camp programming created by THEMUSEUM, I, the undersigned, in the event of an accident or illness affecting the above camper, authorize all procedures, including admission/transportation to the hospital & necessary treatment herein, as deemed essential for the care and well-being of said camper. Such action is to be taken only when immediate contact with the undersigned cannot be made. I authorize THEMUSEUM staff to perform immediate first-aid on the camper if necessary.

I, \_\_\_\_\_ have read and understood the above policies regarding registration/cancellation, late pick-up, photo/release and authorization. I have taken care to explain any special considerations or medical information for my child, and authorize that all information provided is correct.

\* Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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