



MARCH 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# _____

Synapses Simulations

March 11 - 15, 2019

\$235 Members

\$265 Non-Members

Total _____

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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Registration 2019

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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