



# Summer Camp 2023 Registration Form

Camp Hours: 8:30AM-5:30PM

**Daily Registration Fees**  
 Monday, Tuesday, Wednesday, or  
 Friday- \$40.00  
 Thursday (Trip Day)- \$65.00  
 Friday Pizza Day- \$2.50 per slice

Child' First and Last Name: \_\_\_\_\_

Birth Date (year/month/day): \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: \_\_\_\_\_

Child's Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Please mark the session(s) you wish to attend:

Session	Theme	Location	MON	TUES	WED	THUR	FRI	Pizza
Week 1- July 4 <sup>th</sup> - July 7 <sup>th</sup>	Camping	Teeswater	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Week 2 – July 10 <sup>th</sup> - July 14 <sup>th</sup>	Animal Planet	Teeswater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Week 3 – July 17 <sup>th</sup> - July 21 <sup>st</sup>	Under the Sea	Mildmay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Week 4 – July 24 <sup>th</sup> - July 28 <sup>th</sup>	Wilderness Adventures	Teeswater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Week 5 – July 31 <sup>st</sup> – August 4 <sup>th</sup>	Ninja Warriors	Teeswater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Week 6 – August 8 <sup>th</sup> - August 11 <sup>th</sup>	Nature Camp	Mildmay	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Week 7 – August 14 <sup>th</sup> – 18 <sup>th</sup>	Fairy Tales and Fiction	Teeswater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Total Registration Fees Due: \$ \_\_\_\_\_**

### Child and Family Information

Primary Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_ Secondary Phone Number : \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Address:  Same as Child \_\_\_\_\_

Custody:  Primary  Both  Joint  Guardian

**Custody Papers are attached (if applicable)**  Yes  No

Secondary Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_ Secondary Phone Number : \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Address:  Same as Child \_\_\_\_\_

### Emergency Contact Information (if primary or secondary contact cannot be reached)

Name \_\_\_\_\_ Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name \_\_\_\_\_ Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

### Authorized Pick Up (in addition to the primary, secondary, and emergency contacts)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

### Individual Child Information

Does your child have any medical need(s) that requires additional support (e.g. Diabetes)?  Yes  No  
If yes, an individualized plan for children with medical needs must be developed between the parent and child care centre prior to the child's first day at camp.

### Allergy Information

Does your child have a life-threatening allergy (e.g. anaphylactic to peanuts or bee stings)?  Yes  No  
If yes, an individualized plan for an anaphylactic allergy must be developed between the parent and child care centre prior to the child's first day at camp.

Does your child have any allergies that are non life-threatening (food or other substances)?  Yes  No

If yes, please provide relevant details, including what your child is allergic to, symptoms of a reaction and treatment required:

### Dietary and Feeding Arrangements

Does your child have any special feeding arrangements or special dietary requirements or restrictions?  
 Yes  No

If yes, please provide relevant details:

### Swimming Information

How well does your child swim?

Non-swimmer  Beginner  Average  Above Average

### Physical Requirements

If yes, please provide relevant details:

Does your child use the washroom independently?  Yes  No

If yes, please provide relevant details:

Does your child require any additional support with respect to physical activity?  Yes  No

### Additional Information

Please indicate any additional information that is relevant to the care of your child (e.g. prone to cold, frequent shoulder dislocation, etc.):

### Excursions Off Summer Camp Property

I give permission for my child to go for walks within the community and off summer camp property.

Parent Initial: \_\_\_\_\_

#### Photo Release

I hereby grant permission to the Corporation of the Municipality of South Bruce, and its agencies, to publish, print, reproduce or exhibit my name and image [if applicable: and that of my underage child(ren)], in whole or in part, in print, electronic, or video format in publications and/or online content prepared by the Corporation of the Municipality of South Bruce and/or its agencies.

I waive the right to inspect or approve any photograph or video. I agree that I shall have no claim against the Corporation of the Municipality of South Bruce or against anyone accessing these materials whether online or in print. I understand that no remuneration will be paid to me [if applicable: or my child(ren)].

I understand and agree that these materials will become the property of the Corporation of the Municipality of South Bruce to edit, alter and publish in any medium in perpetuity.

I confirm that I am over 19 years of age. I confirm that I have read the release before signing and understand the contents and terms of the release.

Parent Initial: \_\_\_\_\_

#### Authorization for Non-Prescription Skin Products

The following **non-prescription** items may be applied to my child in accordance with the manufacturer's instructions on the original container (please check off):

- Sunscreen       Insect repellent       Lip balm       Hand sanitizers       Lotions

It is the parent or contact person's responsibility to take the child to the hospital. If the situation does arise in which the Camp staff feels the child requires immediate attention and the program cannot reach the parent or contact person, the staff have the parent's permission to take him/her to the Hospital.

#### Parent Handbook

I have read the Parent Handbook and agree to comply with the rules and regulations specified.

Parent Initial \_\_\_\_\_

Signature of Primary Contact: \_\_\_\_\_ Signature of Secondary Contact: \_\_\_\_\_

Office Use Only			
Date Received	Staff Initials	Amount Paid	Method
Date Payment Entered	Staff Initials	Receipt Number	

#### Collection of Personal Information

The personal information collected on this form is collected under the authority of the Municipal Act and will be used for registration purposes and to monitor and evaluate recreation programs for South Bruce. Questions about this collection should be addressed to the Recreation and Facilities Manager at 519-392-6623.