**Adventure Play**

Summer Camp Registration Form and Waiver

Registering for camp week(s)/dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Before and After Care?\_\_\_\_\_\_\_\_

Participant’s First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Postal Code: \_\_\_\_\_\_

Age: \_\_\_\_\_\_\_ Birthdate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Caretaker Names: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone numbers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emails: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Receive our monthly newsletter? YES NO

How did you hear about us? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ T-shirt size: \_\_\_\_\_\_\_\_\_\_\_

Are there any **medical** conditions the instructor needs to be aware of?: YES NO

If yes, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are there any **food allergies/restrictions**?:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Swim Level**: Inexperienced (needs life jacket)\_\_\_\_ Fair (shallow end only)\_\_\_\_ Strong \_\_\_

Emergency Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emergency Contact Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**AUTHORIZED PICK UPS** other than parents/caretakers**?**

Authorized Pick-Up #1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_Phone #\_\_\_\_\_\_\_\_\_

Authorized Pick-Up #2\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_Phone # \_\_\_\_\_\_\_\_

Please include photos of all authorized pick ups including parents/caretakers

Can your child walk home alone**?** \_\_\_\_\_\_\_\_ If YES, please initial here: \_\_\_\_\_\_\_\_\_\_\_

What are your child’s favourite activities?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

emotional or psychological needs

none

Tell us about any

concerns/worries you have about

coming to camp

Please list any of your child’s emotional and physical needs\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What are the best strategies for behaviour management with your child?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Our goal is to create the safest, healthiest, and most respectful community possible.

We have a zero tolerance policy for physical, verbal, and emotional violence.

**PHOTO RELEASE:** To help us promote our programs and to apply for funding we require photos of our programs in action. Do you give permission to use program photos in promotional material? YES NO

I/We release, remise and forever discharge Adventure Play Care staff and partners of Adventure Play Care of and from all manner of actions, claims and demands of whatever nature which result from any accidental injury, loss of expense sustained, arising out of or in any way connected with participation in any Adventure Play Care program or event.

In the event that I’m / my child (is) injured, ill or in need of medical attention and I/We are unable to be contacted. I/We authorize Adventure Play Care staff to seek medical attention on my/our behalf.

Signature (Parent/Caretaker) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_