

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? _____

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 _____