



The Time Travellers' Summer Day Camp 2019 Registration Form

CAMP INFORMATION:

Age: 8 – 12 years

Cost: \$145.00/per child

Dates: Monday, July 15 to Friday, July 19, 2019

Camp Times: Sign-in is from 8:45-9:00 a.m. each day and Pick-up is at 4:30 p.m.

**Camp participants must be dropped off during sign-in times and parents/guardian must sign them in each day. Pick up time is 4:30 p.m. A 15 minute grace period will be given, but if a camp participant is not picked up by 4:45 p.m. an additional charge of \$30/per day can be applied to the Camp fee.*

GENERAL INFORMATION:

Child's Name: _____

Age: _____ Date of Birth: _____ Health Card: _____

Parent/Guardian's Name: _____

Tel. # (h): _____ Tel # (c): 1. _____ 2. (w) _____

Email: _____

Address: _____

City: _____ Postal Code: _____

EMERGENCY CONTACT (Please list someone different from above):

Name: _____

Tel. # (h): _____ Tel # (c): 1. _____ 2. (w) _____

Address: _____

How did you hear about Fanshawe Pioneer Village Day Camp?

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Previous Camper | <input type="checkbox"/> Website |
| <input type="checkbox"/> Facebook /Twitter | <input type="checkbox"/> School |
| <input type="checkbox"/> Friend | <input type="checkbox"/> Other _____ |

PAYMENT:

PAYMENT DUE:

All payments are due in full at registration in order to confirm your child's spot in camp and are non-refundable.

PAYMENT OPTION:

We accept cheques made out to Fanshawe Pioneer Village or can process a Credit Card payment. We can only accept exact cash or Debit payments in person at the museum.

Total Fee \$ _____

- Exact Cash (in person only)
- Debit (in person only)
- Cheque (Please make cheques payable to Fanshawe Pioneer Village)
- Credit card (Visa/ Mastercard)

Credit Card Information:

Name of Card Holder: _____

Credit Card # _____

Please check Type: Visa ____ Mastercard ____

Expiry Date: _____

PARENTAL CONSENT:

I hereby give my permission ...

- To administer medication provided by me in accordance with proper and complete instructions provided by me
- To administer sunscreen to the camper when there are outdoor activities
- To photograph/videotape my child for the Village's promotional purposes while participating in day camp programs

I, _____, certify that the information provided concerning my child is accurate. If any information changes, I will contact Fanshawe Pioneer Village as soon as possible. If medical attention is required for my child, I authorize Fanshawe Pioneer Village to take the necessary actions to ensure my children's safety. I understand that all information provided is for the sole use of Fanshawe Pioneer Village Day Camp Program. Information collected on this form will be kept on file at the Village. It will not be sold or otherwise distributed outside the organization.

Print Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Date: _____



Summer Day Camp Photography/Video Consent Form

Fanshawe Pioneer Village often features participant, visitor and family stories/images in media coverage, publications and communications. These stories and images are used as sensitively as possible, and help us to promote and encourage support for the programs and services of Fanshawe Pioneer Village.

By signing this form, you give Fanshawe Pioneer Village permission to interview, record, videotape and photograph you and your child(ren) to create a story or to use your images for publication in our newsletter, brochures, website, social media (Facebook and Twitter), or other promotional uses.

You also give permission for the articles and images to be broadcast, reprinted, excerpted, or translated by other publications, television, radio, and electronic media.

The recordings, articles, photos, will be and remains the property of Fanshawe Pioneer Village and may be used and reused, without financial remuneration for the promotional purposes of Fanshawe Pioneer Village. Whenever possible, Fanshawe Pioneer Village will contact you prior to publishing the articles and images.

Print Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Print Name of Child(ren): _____

Phone #: _____ **Date:** _____

Mailing Address: _____

Email Address: _____



Summer Day Camp 2019 Emergency Information Form

Child's Name: _____

Family physician: _____

Physician Phone #: _____

Preferred Hospital: _____

Insurance: _____

Health Card #: _____

Known or Suspected Allergies:

Recent injuries or illnesses:

Does your child have any special needs of which we should be aware?

Additional Comments:

Emergency/Medication Form

Child's Name: _____

Medication: _____

Date Medication Prescribed: _____

I request that medication be administered for my child as stated below and hereby release the Fanshawe Pioneer Village Day Camp staff and anyone else acting on this request from all claims for any loss or injury that may result.

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____

Instructions for Administering:

Common side effects and recommended action: _____

Time and dosage to be given: *Time:* _____

Dosage: _____

Instructions for storage of medication: Refrigerated Not Refrigerated

Dispensing Record

Date Given	Time Given	Amount Given	Administered by:

Office Use Only

Medication returned to parent/guardian Copy of form given to parent Initials _____

Please attach any additional information staff should be aware of concerning your child's medications or specific conditions.



Please Read Carefully and Sign Below:

The purpose of Fanshawe Pioneer Village Summer Day Camp is to provide children with supervised experiences with the natural environment and within a living history museum setting, different cultural experiences and opportunities for personal growth and maturation. Staff and volunteers will take every reasonable precaution to ensure your child's safety when participating in the Summer Day Camp program. Some activities can, by their nature, pose some risk, including but not limited to physical exertion and exposure to environmental or contact allergens. Therefore, Fanshawe Pioneer Village staff needs to be fully informed of any physical, emotional or developmental challenges that might place your child at greater-than-normal risk.

Consensual Agreement:

I have completed the Emergency Information Form and Emergency/Medication Form completely and to the best of my knowledge. I understand the above paragraph and hereby consent to allow my child to engage in the activities described herein, and agree to assume the reasonable risk of participation in these activities. In case of any situation requiring emergency medical treatment, I consent to authorize Fanshawe Pioneer Village personnel to obtain such treatment.

Print Name of Parent/Guardian: _____

Sign Name of Parent/Guardian: _____

Date: _____