

Fun In The Sun Day Camp – Registration Form 2021

Camps Attending: *Please list camp(s) attending*

Camper Information:

Name:		Gender:	
Date of Birth:		Age:	
Address:			

Parent/Guardian Information: 1 2

Name:		
Phone:		
Email:		
Address:		

Emergency Contacts:

Name:		
Phone:		

Pick Up Authorization:

The following individuals are authorized to pick up _____ (Camper's name)
 I understand that only those listed will be able to pick up my child, and will be asked to provide photo identification

	1	2	3
Name(s):			
Contact:			
Parent/Guardian's Signature:			

Travel Permission:

We are on the move: I give permission for my child to walk, under the supervision of camp staff, offsite to activities hosted by the Municipality of the County of Colchester and Fun in the Sun staff.	X:
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Waivers:

Photo Release: A Picture is worth a thousand words! I hereby give my permission for images of my child, captured during regular and special day camp activities through photo, video and digital camera, to be used solely for the purposes of the Municipality of the County of Colchester Recreation Services Department promotional material, publications, Twitter, Facebook and website, and waive any rights of ownership or compensation related thereto.	X:
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<p>Elements of Risk: Children will be participating in physical activities such as running, sports, games, hiking and, outdoor activities which contain certain elements of risk; such as scrapes, falls, and bruises. While participating in these activities, accidents may occur, resulting in injury to your child. By allowing your child to participate in the summer day camp recreation program organized by the Municipality of the County of Colchester and any of the activities throughout the duration of the program, you are assuming the risk for any accident involving your child or any injury incurred by your child. By allowing your child to participate in the summer day camp activities, you have assumed the responsibility for any accident that may occur to your child. The Municipality of the County of Colchester does not provide any accidental death, disability, dismemberment, or medical expenses insurance on behalf of the children or adults participating in these events.</p>	<p>Acknowledgment: I have read the Elements of Risk. I understand that in participating in any summer day camp activities, I am assuming the risk associated with doing so</p> <p>X:</p> <p>Date:</p>
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<p>By enrolling in a recreation program by the Municipality of the County of Colchester you are choosing to waive all claims against the Municipality of the County of Colchester, its employees and councilors, and release them from all liability for any loss, damage, injury or expense related to the recreation program, due to any cause whatsoever, including COVID-19.</p>	<p>X:</p> <p>Date:</p>
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Medical Information:

Allergies / Health Conditions:	
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Description of reactions or symptoms:	
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Please indicate any medical, behavioral or physical conditions:	
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Medication and Time Administered:	
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It is important to us that your child has a positive experience while participating in our Day Camps. With this in mind, is there any other information that our staff working with your child should be aware of?	
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Name of Doctor:	Phone:
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Health Card Number:	Expiry:
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I declare that the above information in the 'Medical Information' section is true and accurate. I am aware that I must bring any medication, both prescription and non-prescription in its original over the counter packaging to a staff member who will place it in a medical box. I agree and am aware that, in case of emergency, a verbal agreement between myself and a staff member of the Municipality of the County of Colchester will be binding.

Parent/Guardian's _____ Date: _____

Signature: **X:** _____ Date: _____

For office use

Method of Payment - Cash Cheque Debit
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Total Payment received – **Yes No** _____ Receipt number - _____

Paid in Full – **Yes No** Date: _____

Other: _____