



DAY/WEEKLY CAMP PROGRAM REGISTRATION FORM

(Must be completed prior to first day of camp)

(Please Print)

Child's Name _____ age _____ Birthdate _____

Address _____ Postal Code _____

Home Phone _____ Cell Phone _____

Parent's Name _____ Work No. _____

Email Address: _____

In the case the parent(s) caregiver cannot be reached, we should contact:

_____ Relationship _____ Phone _____

_____ Relationship _____ Phone _____

Please list ALL people authorized to sign your child in and out of day camp.

Medical:

Please list any medical conditions we should be made aware of (ie. usage of an Epi-pen*, allergies, ADHD, ADD, physical disabilities, emotional problems, learning disabilities or anything special we should know about your child.

If your child has an **allergy**, please list signs, symptoms, and treatment:

****Parent/Supervisor consultation should take place on first day at camp.

Will your child require to take any medication while in our program? **YES** **NO**

If **yes**, do you grant your child permission to take his/her medication as directed in the chart below?

YES **NO**

If yes, a photo will be taken of your child, and photo will be attached to his/her medication chart.

*****Medication must not be stored with personal belongings (ie. backpacks, lunch bags)**

Drug	Prescription #	Dose	Time(s)	Signature

PLEASE NOTE: The **camp staff will monitor but cannot administer medication.** We can store the medication in a designated area and remind your child to take it according to written instructions. Staff are not responsible for “missed doses” but will do their best to avoid this situation.

Medication (including Epi-pens) must be submitted to our office in its original prescribed bottle with your child’s name on it.

Anaphylaxis management and the use of epinephrine auto-injectors (Epi-pen or Twinject) is a shared responsibility. Practicing emergency drills with your child results in effective emergency response in the case of a reaction.

Campers must be mindful of their allergies. Campers should:

1. Carry at least one epinephrine auto-injector (Epi-pen or Twinject) as age appropriate
2. Wear medical identification (Medic Alert bracelet)
3. Inform staff if he/she suspects a reaction is happening
4. Ensure that asthma is well controlled and managed coming into the environment (indoor/outdoor play)

In the case of a camper experiencing a severe, potentially life threatening **allergic reaction**, staff will administer the epinephrine auto-injector and call 911.

Health card # _____ Doctor’s Name: _____
Doctor’s phone no. _____

Sun Sense: It is recommended that children arrive at day camp with sunscreen on and have sunscreen labeled with your child’s name in their backpacks for additional application. Please show your child how to apply sunscreen to themselves. If your child does not have any sunscreen available, does the centre have the authorization to make some available to them? yes no

Attention: My child has an allergy to sunscreen yes no

Behavior Contract:

Lakeshore Recreation Services reserves the right to ask parents to withdraw their child from the Summer Adventure or Specialty Camps if basic behavior expectations are not met.

Examples:

- Verbal or physical abuse against campers or staff
- Stealing or any other illegal actions
- Behavior that causes constant distraction for other campers or staff
- Constant disregard towards staff’s direction or guidance.

It is understood that participants will be properly supervised and that reasonable safety precautions will be taken.

Upon signing this form, permission is given to the Town of Lakeshore's Recreation Services or its representatives to seek **medical care in the case of an emergency** for the above registrant. Any cost incurred for medical care will be the responsibility of the parent and/or guardian.

I have read and understand ALL of the information in this day camp package including the Day Camp Guideline sheet, this consent form, information pertaining to the behavior policy, refunds, credits and absenteeism.

Signature of Parent/Guardian

Date

This information is used for the purpose of program registration only. Additional questions respecting the Summer Adventure Camp and/or Specialty Camps being offered by the Town of Lakeshore can be directed to the Manager of Recreation and Leisure Services at 519-727-0470

PARENT CONSENT FORM

Name of Participant: _____

Address: _____

Postal Code: _____ Phone: _____

RELEASE AND INDEMNITY:

I, the Participant's Parent/Guardian, hereby grant my son/daughter/ward _____
Permission to participate in the: _____
(Town of Lakeshore's Camp/Day Program)

The Participant and I do hereby release The Corporation of the Town of Lakeshore, its servants, agents, employees and volunteers from all claims, demands, liabilities, actions or causes of action in any way arising out of the above activity including the Participant's participation in the above activity and use of any associated facilities of the Corporation.

Without restricting the generality of the foregoing, the Participant and I do hereby release and forever discharge the Corporation, its servants, agents, employees and volunteers from all claims, demands, liabilities, actions or causes of action for personal injury, or death or damage to property (whether or not owned by the Participant) which may be sustained during the said Activity(s) and such participation and use, save and except as may arise from acts of negligence by the Corporation, its servants, agents and employees.

The Participants and I further agree to defend, indemnify and save harmless the Corporation, its servants, agents and employees from any and all claims, demands of liabilities which may be made by third parties in any way referable to the said events or such participation or use.

This Release and indemnity shall be binding upon the Participant, me, the Participant's Parent/Guardian and our respective heirs, executors, and administrators and shall ensure to the benefit of the Corporation, its servants, agents and employees and its successors and assigns and their heirs, executors, administrators, and successors, respectively.

Participant's Parent or Guardian (signature)

Name (print)

Dated this _____ of _____, _____.



PERMISSION FORM FOR PHOTOGRAPHS OF CHILDREN 17 YEARS AND UNDER :

I give permission to the Town of Lakeshore and those acting under its authority, the right and permission to reproduce, publish, print, copyright or otherwise use my and/or my underage child/children photographic reproductions.

In addition, I warrant that I am of full age and have every right to contract in my own name and in the names of my underage child/children.

Participant's Parent or Guardian (signature)

Name (print)

Child's name (print)

Dated this _____ day of _____, _____.