



Summer Camp Registration 2010

Name of Camper: _____
 Birthday (mm/dd/yyyy): _____ Gender: _____
 Health Card No.: _____
 Address: _____ City: _____
 Prov: _____ Postal Code: _____

Parent/Guardian's Name: _____
 Tel: (D): _____ Tel (E): _____ Cell: _____
 Email: _____ I do not want updates about events or programming at The Museum.

Parent/Guardian's Name: _____
 Tel: (D): _____ Tel (E): _____ Cell: _____

Session	Member #			
2010 - Summer Space Odyssey	July 5-9	<input type="checkbox"/> \$140 Members	<input type="checkbox"/> \$155 Non-Members	_____
Artventure	July 12-16	<input type="checkbox"/> \$140 Members	<input type="checkbox"/> \$155 Non-Members	_____
Zany Zoology	July 19-23	<input type="checkbox"/> \$140 Members	<input type="checkbox"/> \$155 Non-Members	_____
Junior Historians	July 26-30	<input type="checkbox"/> \$140 Members	<input type="checkbox"/> \$155 Non-Members	_____
2010 - Summer Space Odyssey	Aug 2-6	<input type="checkbox"/> \$140 Members	<input type="checkbox"/> \$155 Non-Members	_____
Artventure	Aug 9-13	<input type="checkbox"/> \$140 Members	<input type="checkbox"/> \$155 Non-Members	_____
Zany Zoology	Aug 16-20	<input type="checkbox"/> \$140 Members	<input type="checkbox"/> \$155 Non-Members	_____
Junior Historians	Aug 23-27	<input type="checkbox"/> \$140 Members	<input type="checkbox"/> \$155 Non-Members	_____
2010 - Summer Space Odyssey	Aug 30-Sept 3	<input type="checkbox"/> \$140 Members	<input type="checkbox"/> \$155 Non-Members	_____
TOTAL				_____

METHOD OF PAYMENT:

MasterCard Visa Debit Cash

Credit Card Number: _____ Expiry Date: _____

Name on credit card: _____

PERMISSION TO APPLY SUNSCREEN:

Name of Sunscreen and SPF: _____ Please check here if you do not want summer camp staff assisting your child applying sunscreen.

We request that sunscreen be applied to your child prior to them attending the day. Your child's camp leader will assist with applying the sunscreen to bare surfaces including the face, tops of the ears, bare shoulders, arms, legs and feet when necessary. Sunscreen will not be applied to any broken skin or if a skin reaction has been observed. Any skin reaction observed by staff will be reported promptly to the parent/guardian. It is the parent's responsibility to provide sunscreen with a minimum SPF of 15.

Yes, I have received my Summer Camp Parent Handbook 2010

I authorize The Museum to photograph my child while participating in a program and use the photographs for promotional purposes:

Yes No



Medical History Camp Registration 2010

Name of Camper: _____

Birthday (mm/dd/yyyy): _____ Gender: _____

Health Card No.: _____

Doctor's Name: _____ Tel: _____

Does the camper take medication on a regular basis? _____

Does this camper have chronic medical problems that affect his/her behaviour or health needs while at camp? _____

Are there food allergies? Please specify. _____

I _____, authorize The Museum to administer emergency first aid to my child if required.

Signature

Date

MEDICATION DISPENSING AUTHORIZATION

As parent/guardian of the above-named child, I authorize the dispensing of the medication(s) listed below by The Museum personnel who I acknowledge are not medically trained. I release The Museum, its employees and agents from all manner of actions, causes of action, suits, losses, damages or injuries, however caused, arising out of the administration or failure to dispensing medication herein, and indemnify The Museum, its employees or agents for any losses or damages sustained by them as a result of such actions or proceedings being commenced against them by myself or the child or any other parent/guardian of said child.

MEDICAL INFORMATION

Diagnosis/Reasons for medication: _____

Medications Prescribed

Dosage

Time of Dispensing

Possible side effects (if any): _____

Parent/Guardian Signature: _____

Date: _____

The Waterloo Region Medical Officer of Health supports this form.