



# Manuels River Hibernia Interpretation Centre

Spring Camp 2017 - Camper Registration Form

We're looking forward to sharing science, nature, and fun with your child! Please fill out a separate registration form for each child you are registering. Registrations may be submitted in person or by email and will be considered complete once payment has been processed and all completed forms have been received. We reserve the right to cancel camps due to insufficient registration; in this unlikely event, parents will be notified as soon as possible and receive a full refund.

Manuels River Hibernia Interpretation Centre  
7 Conception Bay Highway, CBS, NL A1W 3A2  
manuelriver.com/programs/camps

education@manuelriver.com  
(709) 834-2099 ext. 203 or 204

## Section 1: Camper Information

Camper's Last Name:		Camper's First Name:		Camper's Middle Initial:	
Date of Birth:	Age:	Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
Address:					
City:	Province:		Postal Code:		

## Section 2: Parent/Guardian Information

Parent/Guardian Last Name:		Parent/Guardian First Name:	
Email:			
Phone (Home):	Phone (Cell):	Phone (Other):	

## Section 3: Dates

**Please check off the dates your child will be attending camp**

- |  |  |
|--|--|
| <input type="checkbox"/> All five days                                     | <input type="checkbox"/> Wetlands Wednesday, April 19 <sup>th</sup> , 2017     |
| <input type="checkbox"/> Metamorphic Monday, April 17 <sup>th</sup> , 2017 | <input type="checkbox"/> Throwback Thursday, April 20 <sup>th</sup> , 2017     |
| <input type="checkbox"/> Trilobite Tuesday, April 18 <sup>th</sup> , 2017  | <input type="checkbox"/> Fruit & Flowers Friday, April 21 <sup>st</sup> , 2017 |

## Section 4: Alternate Emergency Contact

Unless indicated below, we will use the parent/guardian information from Section 2 as the primary emergency contact. However, we require an alternate on file.

Last Name:		First Name:	
Phone (Home):	Phone (Cell):	Phone (Other):	

- Use this as my primary emergency contact, the information in Section 1 will be secondary.



Section 5: Medical Information

Does camper have a medical condition (including allergies and intolerances)? YES NO

If yes, please provide further information (type of condition, symptoms, what to do in case of emergency, etc.). Attach additional paper if required, & in the case of severe allergies, please also fill out the Anaphylaxis Emergency Plan Form.

MCP # \_\_\_\_\_

IF YES, PLEASE INCLUDE A PHOTO OF THE CAMPER

Will camper be taking medication during the program? Please note: Centre staff will not administer medications. YES NO

Section 6: Camper Pick-Up

These people will be the only people allowed to pick child up at the end of camp session. They must be able to present a valid ID and provide the code word as set below.

DO NOT FORGET TO INCLUDE YOURSELF

Please note: Camp activities begin at 9 am end at 4 pm. Children may be dropped off no earlier than 8:45am and picked up no later than 4:15pm. There will be an additional charge for any child picked-up after 4:15 pm.

Code Word (Please print clearly): \_\_\_\_\_

Name: Phone Number:
Name: Phone Number:
Name: Phone Number:

Section 7: Camper Pledge

(Please discuss with your child & have them fill out this section)

I, \_\_\_\_\_, agree to the following camp rules:

- 1. I will be respectful towards the staff, guests and other campers.
2. I will respect the river, the environment around it and others using it.
3. I will show respect to my fellow campers.
4. I will use appropriate manners, language and voice, including volume.
5. I will follow Manuels River Hibernia Interpretation Centre rules and I will listen to the Camp staff.
6. I will stay with the group at all times.
7. I will always check in and out with a Camp Counsellor before leaving the group.
8. I will learn, explore and have fun!

I understand that if I do not follow these rules, I may not be allowed to participate in some activities. I also understand that if I cause problems in the program, my parents may be called and I may be sent home.

Signature of Camper: Date:



**Section 8: Waiver**

I have read the behaviour guidelines (Section 7: Camper Pledge) and discussed them with my child. I understand that the Manuels River Hibernia Interpretation Centre reserves the right to terminate the registration of any camper if, in the opinion of the Camp Staff, it is in the best interest of the child and/or other campers.

In the event of a non-life threatening emergency, should my child require emergency treatment while at Camp and emergency contacts are unable to be contacted, I authorize medical emergency treatment as necessary and I accept responsibility for any costs incurred.

In the event of a life threatening emergency, I authorize emergency treatment prior to being contacted and I accept responsibility for any costs incurred.

I hereby waive and release all rights and claims for damages against the Manuels River Hibernia Interpretation Centre and their employees and agents for all injuries which may be sustained while my child attends Camp. I understand the content of the program and the risks of personal injury therein.

I acknowledge that everything declared in this form is true and I understand that if there is any change to the information contained in this form, it is my responsibility to notify the Manuels River Hibernia Interpretation Centre.

Signature of Parent/Guardian:

Date:

**Section 9: Photo Release**

I give permission to the Manuels *experience* to use photographs of my child in any promotional materials of the Manuels River *experience*, including social media. I fully understand that there will be no compensation paid for the use of these photographs. I also authorize distribution of camp pictures to campers that have participated in the same session as my child.

**I understand that my child will not be identified by name in any promotional materials.**

Signature of Parent/Guardian:

Date:

**Section 10: Payment**

**Fees** \$35 +HST per child per day (\$175 +HST for all 5 days) - 10% discount for members

VISA     MasterCard     Discover Card     AmEx

**Credit Card Information**

Name on Card:

Card Number:

Expiry Date:

**Other payment**

Gift certificate     Debit     Cash

Subtotal (\$35 **per day**):

Member discount (\$3.50 **per day**):

HST (15%):

Total:

**Office use only**

Session Available

Forms Complete

Paid

REGISTERED