



We're looking forward to sharing science, nature, and fun with your child! Please fill out a separate registration form for each child. Registrations may be submitted in person, or by email, and will only be considered **complete once we have received all completed forms, payment has been made, and we have confirmed with you.** We reserve the right to cancel sessions due to insufficient registration. Camps fees are non-refundable with the exception of MRE cancellation, or extenuating circumstances.

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

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

**Section 1: Child Information**

Camper's Last Name:		Camper's First Name:		Camper's Middle Initial:	
Date of Birth:	Age as of Dec. 31 2017:	Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
Address:					
City:	Province:	Postal Code:			
Has Camper Ever Attended Camp at Manuels River Before? <input type="checkbox"/> Yes (When? _____) <input type="checkbox"/> No					

**Section 2: Parent/Guardian Information**

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

**Section 3: Sessions (Weeks)**

Please check off the dates your child will be attending camp

**AGES 5 to 7**

**(child must have turned 5 by Dec. 31, 2016 & have graduated kindergarten)**

- Week 1 - Mon. July 3<sup>rd</sup> to Fri. July 7<sup>th</sup>
- Week 3 - Mon. July 17<sup>th</sup> to Fri. July 21<sup>st</sup>
- Week 5 - Mon. July 31<sup>st</sup> to Fri. Aug. 4<sup>th</sup>
- Week 7 - Mon. Aug. 14<sup>th</sup> to Fri. Aug. 18<sup>th</sup>
- Week 9 - Mon. Aug 28<sup>th</sup> to Fri. Sept. 1<sup>st</sup>

**AGES 8 to 10**

- Week 2 - Mon. July 10<sup>th</sup> to Fri. July 14<sup>th</sup>
- Week 4 - Mon. July 24<sup>th</sup> to Fri. July 28<sup>th</sup>
- Week 6 - Mon. Aug. 7<sup>th</sup> to Fri. Aug. 11<sup>th</sup>
- Week 8 - Mon. Aug. 21<sup>st</sup> to Fri. Aug. 25<sup>th</sup>

**Section 4: Alternate Emergency Contact**

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



Section 5: Medical Information

CHILD'S MCP NUMBER (MANDATORY) \_\_\_\_\_

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

If yes, please provide further info below (type of condition, symptoms, what to do in case of emergency, etc.).

IF YES, PLEASE INCLUDE A PHOTO OF THE CAMPER

If your child(ren) is at risk for anaphylaxis, please fill out the Anaphylaxis Emergency Plan. The form can be found on our website.

Will your child be taking medication during camp? (Our staff will not administer medications).  YES  NO

Section 6: Camper Drop off and 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 dropped off as early as 8:45 am and must be picked up by 4:15 pm.

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

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Section 7: Child Pledge (Please have your child fill out before camp starts)

I, \_\_\_\_\_, agree that I will follow camp rules:

- 1. I will be respectful towards the river, the environment, the staff, guests, and other campers.
2. I will use appropriate manners, language and voice, including volume.
3. I will follow the rules and I will listen to the Camp staff.
4. I will stay with the group at all times.
5. I will always check in and out with a Camp Counsellor before leaving the group.
6. I will learn, explore and have fun!

I understand that if I do not follow these rules, I may not be allowed to participate.
I understand that if I cause problems, the leader may call my parents and I may be sent home.

Signature of Camper: \_\_\_\_\_



Section 8: Waiver

I have read the behaviour guidelines (Section 7: Camper Pledge) and discussed them with my child. I understand that the Camp Staff reserve the right to terminate the registration of any camper if in their opinion, 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 staff.

Signature of Parent/Guardian:

Date:

Section 9: Photo Release

I give permission 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

Credit Card Information

VISA MasterCard Discover Card AmEx

Other payment

Gift certificate Debit Cash

Subtotal (\$145 per week):

Member discount (\$14.50 per week):

(Subtract)

HST (15%):

Total:

Office use only

Paid Session Available REGISTERED