



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
manuelriver.com/programs/camps

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

Section 1: Child Information

Form for child information including fields for Camper's Last Name, First Name, Middle Initial, Date of Birth, Age as of Dec. 31 2017, Gender (Male/Female), Address, City, Province, Postal Code, and Has Camper Ever Attended Camp at Manuels River Before? (Yes/No)

Section 2: Parent/Guardian Information

Form for parent/guardian information including fields for Parent/Guardian Last Name, First Name, Email, Phone (Home), Phone (Cell), and 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 3rd to Fri. July 7th
Week 3 - Mon. July 17th to Fri. July 21st
Week 5 - Mon. July 31st to Fri. Aug. 4th
Week 7 - Mon. Aug. 14th to Fri. Aug. 18th
Week 9 - Mon. Aug 28th to Fri. Sept. 1st

AGES 8 to 10

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

Section 4: Alternate Emergency Contact

Form for alternate emergency contact including fields for Last Name, First Name, Phone (Home), Phone (Cell), and 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