



# Summer Camp 2018 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.

## Camper Information:

Name: \_\_\_\_\_ Birth Date (DD/MM/YR): \_\_\_\_\_

Address (Town/Prov/Postal Code): \_\_\_\_\_

## Parent/Guardian Information:

Name (relationship): \_\_\_\_\_ Email: \_\_\_\_\_

Phone (primary): \_\_\_\_\_ Phone (other): \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

Unless otherwise stated, the Manuels River Hibernia Interpretation Centre will use the above parent/guardian information as the primary emergency contact.

## Camp Dates:

- July 2 to 6 (5 to 7 year olds)
- July 9 to 13 (8 to 11 year olds)
- July 16 to 20 (5 to 7 year olds)
- July 23 to 27 (8 to 11 year olds)
- July 30 to August 3 (5 to 7 year olds)
- August 6 to 10 (8 to 11 year olds)
- August 13 to 17 (5 to 7 year olds)
- August 20 to 24 (8 to 11 year olds)

## Alternate Emergency Contact:

Name (relationship): \_\_\_\_\_ Email: \_\_\_\_\_

Phone (primary): \_\_\_\_\_ Phone (other): \_\_\_\_\_

Use this as my primary emergency contact, the Parent/Guardian Information above will be secondary.

## 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**      **CODE WORD (print clearly):** \_\_\_\_\_

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

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

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

**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 and in the case of severe allergies, please also fill out the Anaphylaxis Emergency Plan Form.

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**Camper MCP #** \_\_\_\_\_

Will camper be taking medication during the program?  YES  NO

Please note: Centre staff will not administer medications.

**Additional Camper Information:**

Manuels River is committed to providing a positive and caring camp environment for all our participants. Is there anything that you would like us to know about your child to assist us in helping them have a wonderful time at camp?

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**Camper Pledge:**

Please discuss with your child and 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 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 with a Camp Counsellor when I arrive and before signing out.
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: \_\_\_\_\_



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### WAIVER:

In the event of a non-life threatening emergency, should my child require emergency treatment while at the Pre-teen Night program 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 Pre-teen Night program. 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: \_\_\_\_\_

### 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: \_\_\_\_\_

### Payment:

**Fees:** \$155 + HST per week per child. 10% Members discount.

### Credit Card Information:

VISA       MasterCard       AmEx

Name on Card: \_\_\_\_\_ Number: \_\_\_\_\_ Expiry Date: \_\_\_\_ / \_\_\_\_

**Other Payment Method:**     Cash       Debit       Cheque

Fee \$155 per week:	_____
Member's discount (- 10%):	_____
Subtotal:	_____
HST (15%):	_____
<b>TOTAL:</b>	_____

<b>Office Use:</b>
<input type="radio"/> Session Available
<input type="radio"/> Form Completed
<input type="radio"/> Payment Received
<input type="radio"/> REGISTERED

### Contact:

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