

2024 Day Camp Registration Form

Parent/Guardian Name: _____ **Relationship to child:** _____

Phone #1: _____ #2 _____ #3 _____

Address: _____ **City:** _____ **Postal Code:** _____

Parent/Guardian Name: _____ Relationship to child: _____

Phone #1: _____ #2: _____ #3: _____

Emergency Contact: _____ Relationship: _____

Phone #1: _____ #2: _____ #3: _____

Email Address: _____

(To send information regarding the program, and upcoming camps)

Primary Parent/Guardian Name: _____

(This name will appear on the final receipt, which you will receive in the fall via email)

Children must be dropped off & picked up by those approved on this form by the child's primary caregivers. Please list additional persons authorized to drop off or pick up your child(ren).

Please be advised that we do not provide individual camp experience our ratio is 1 camp leader to 10-12 campers. If there are any additional notes or comments regarding your child(ren) please use this space.

Notes: _____

Camper 1:

Campers Name: _____ Date of Birth: _____ Age: _____

Allergies to any medications or foods? Yes ___ No ___ If yes, please list: _____

Is your child taking any medication? Yes ___ No ___ Please list the medication, the reason, and the time at which it must be taken and the dosage. _____

Does your child require any special accommodation? If so, please describe _____

Child will be attending: Regular Day Camp Youth Day Camp

Camper 2:

Campers Name: _____ Date of Birth: _____ Age: _____

Allergies to any medications or foods? Yes ___ No ___ If yes, please list: _____

Is your child taking any medication? Yes ___ No ___ Please list the medication, the reason, and the time at which it must be taken and the dosage. _____

Does your child require any special accommodation? If so, please describe _____

Child will be attending: Regular Day Camp Youth Day Camp

Camper 3:

Campers Name: _____ Date of Birth: _____ Age: _____

Allergies to any medications or foods? Yes ___ No ___ If yes, please list: _____

Is your child taking any medication? Yes ___ No ___ Please list the medication, the reason, and the time at which it must be taken and the dosage. _____

Does your child require any special accommodation? If so, please describe _____

Child will be attending: Regular Day Camp Youth Day Camp

Camper 4:

Campers Name: _____ Date of Birth: _____ Age: _____

Allergies to any medications or foods? Yes ___ No ___ If yes, please list: _____

Is your child taking any medication? Yes ___ No ___ Please list the medication, the reason, and the time at which it must be taken and the dosage. _____

Does your child require any special accommodation? If so, please describe _____

Child will be attending: Regular Day Camp Youth Day Camp

Credit Card Information

All registrants are required to have a credit card on file. Each week of camp your credit card will be charged for camp. Your credit card information will remain confidential and for camp payment only.

Name as it appears on credit card: _____

Card Number: _____

Expiry: _____ CVV: _____.

If your credit card number and/or expiry date has changed, please notify us immediately.

Declaration of Liability

I and my child(ren) understand and agree to abide by the operation rules as set by the Muskoka Discovery Centre of Gravenhurst. I further agree to hold the Muskoka Discovery Centre, its members, its officers and operation committees thereof, the Muskoka Discovery Centre, the staff and volunteers, free and harmless from any and all liability whatsoever arising from my participation or my child(ren)'s participation in this activity. My signature authorizes my child(ren) to be treated by the first available medical facility and physician should the need arise, and my signature authorizes emergency contacts listed above to pick up my child(ren) from the program and make decisions regarding my child(ren) if I am not available.

I understand and agree that all information I have labelled above is correct as of the signed date below.

Parent/Guardian Signature _____

Date: _____

Muskoka Discovery Centre Day Camp Parent Handbook Declaration

This form is to verify that parents/guardians of the below child(ren) have read, understood, and vow to follow, all rules/regulations/and policies outlined in the Day Camp Parent Handbook.

All Protocols Read: _____

Child(ren)s Name(s): _____

I _____ (parent/guardian printed name) guarantee that I have read, understood, and vow to follow all rules/regulations/and policies outlined in the above day camp parent handbook. Including, but not exclusive to the nut policy, drop off and pick up procedures, what to pack list, and cancellation policy.

Should myself or my child violate any of these rules/regulations/and policies, myself and my child will be responsible for the consequences. (Example... Not cancelling within the set period) Failure to follow some of the rules/regulations/and policies may result in the removal (temporary or permanent) of my child(ren) from the camp program pending further decision.

Parent/Guardian Name Printed: _____

Parent/Guardian Signature: _____

Date: _____

Muskoka Discovery Centre Nut Policy

Muskoka Discovery Centre is a NUT FREE facility

DO NOT SEND YOUR CHILD TO CAMP WITH **ANY** NUT PRODUCTS OR PRODUCTS
CONTAINING NUTS **EVER!!!!**

Child(ren)s Name(s): _____

I _____ (parent/guardian printed name) guarantee that under any circumstances my child will not carry ANY products containing nuts with them to camp. This includes, peanuts, almonds, brazil nuts, cashews, chestnuts, hazelnuts, macadamia nuts, mixed nuts, pecans, pine nuts, pistachios, walnuts, granola bars containing any type of nuts, Nutella, home baked goods containing any type of nuts, peanut butter, nut butters, nut oils, etc.

Parent Signature: _____

Date: _____

Photo Image Release and Waiver

I hereby give the Muskoka Steamships & Discovery Centre the right to use my child's photograph or video clip in all forms, including publication on the organizations website, social media, marketing, promotions and advertisements.

I give my consent and agree to this Release and Waiver.

Department: KidZone, Day camp, and youth programs

Date: _____

Parent Name: _____
(Please Print)

Child(ren) name(s): _____

Signature of Parent: _____

Any limitations of photo use: _____

Staff witness signature: _____

**Muskoka Discovery Centre
Day Camp Medical Administration Authorization Form**
This form is for the administration of emergency medications

This form must be completed fully in order for Muskoka Discovery Centre Staff to administer the required medication. A new medication administration form must be completed for each medication, and each time there is a change in dosage or time of administration of a medication.

- Prescription medication must be in a container labeled by the pharmacist or prescriber.
- Non-prescription medication must be in the original container with the label intact.
- An adult who is a parent or guardian of the child must bring the medication to camp

Prescribers Authorization

Name of the child: _____ Date of birth: _____

Condition for which medication is being administered: _____

Medication Name: _____ Dose: _____ Route: _____

Time/Frequency of administration: _____

If “as needed” what are the symptoms: _____

Relevant side effects: None expected Yes If yes, specify: _____

Prescriber’s Name and Title: _____

Telephone: _____

Address: _____

(Use for prescriber’s address stamp if available)

Administration of Emergency Medication Parent/Guardian Authorization

I request designated Muskoka Discovery Centre staff to administer the above medication as prescribed by above prescriber in an emergency situation. I certify that I have legal authority to consent to medical treatment for the child named above, including the administration of medication while at Muskoka Discovery Centre. I understand that an authorized adult must pick up and drop off the medication each day said child attends Muskoka Discovery Centre's programs, otherwise it will be disposed of. I authorize the listed Muskoka Discovery Centre staff to contact the prescriber should they deem necessary.

Parent/Guardian (Print Name and relationship to child): _____

Parent/Guardian Signature: _____

Date: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Form reviewed by Muskoka Discovery Centre staff member: _____

Date: _____

Muskoka Discovery Centre Approval

Muskoka Discovery Centre staff will administer above medication as stated and confirmed by above parties. Muskoka Discovery Centre will record and provide witness to any and all medication administrations. Below staff member has witnessed the above Parent/Guardian's understanding and communication of the listed medication and the authorization they have signed to Muskoka Discovery Centre.

Muskoka Discovery Centre Staff Member Witness (Print Name): _____

Muskoka Discovery Centre Staff Member Witness (Signature): _____

Date: _____