



Kids R Cool 4 Conservation

Environmental Day Camp Registration form

GENERAL INFORMATION

CHILD'S NAME: _____

WEEK(S) ATTENDING: JUNE 28, 29, 30, JUL 2 (SINGLE)

Gender: MALE FEMALE Age: _____

July 5-9__ July 12-16__

Mailing Address: _____

July 19-23__ July 26-30__

Aug 3,4,5,6 (Single days)

Aug 9-13__ Aug 16-20__

Aug 23-27__

Home Telephone: _____

Date of Birth (MM/DD/YY): _____

Parent/Guardian Work Phone: _____

Postal Code: _____

Emergency Contact Name: _____

Email Address: _____

Emergency Contact Telephone: _____

Relationship to Child: _____

Will your child require a lifejacket while swimming? _____

MEDICAL INFORMATION

Medicare Number: _____

Expiry Date: _____

Does your child have any medical conditions that camp staff should be aware of (e.g. asthma, allergies, A.D.H.D., etc.)? YES NO If yes, please explain.

***Please include any specific instructions for the care of your child while they are here at camp. ***

Will your child require any medications at while at camp? YES NO If yes, please explain.

- I, the undersigned, hereby acknowledge that participation in Hammond River Angling Association's (HRAA) Kids Are Cool For Conservation Environmental Day Camp will involve certain outdoor activities including swimming, fishing, excursions by foot, kayaking and/or travel by motor vehicle. I warrant that my child/ward has a level of physical fitness sufficient to participate safely in these types of activities and acknowledge that such participation involves certain risks of physical injury. In consideration of the HRAA accepting my child/ward for enrolment in its day camp, I agree to release the HRAA, its directors, officers, members, employees and agents from, and indemnify and hold harmless the same parties, against any and all claims or liabilities arising out of my child/ward's participation in the said program.
- In the event of illness or accident, I authorize the Executive Director of the Hammond River Angling Association and his/her appointees to secure all necessary medical treatments and procedures, as he or she deems necessary for my child/ward, including injection, anaesthesia or surgery, should immediate contact with my child/ward's home contact, emergency contact or myself, the undersigned, not be possible.
- I agree to permit reasonable use of photos and/or video taken of my child/ward in promoting the camp or camp activities and programs.
- I hereby acknowledge that the stated information is accurate and complete for my child/ward and I accept the waiver and policies presented on this form.

Parent/Guardian's Name (Please print): _____

Relationship to child: _____

Signature: _____

Date: _____

***Please note that campers will not be accepted into the camp program without the above signature. ***

Camp Fees

\$150/WEEK payable by Cash, Cheque (payable to the Hammond River Angling Association), Visa or MasterCard

PLUS Applicable Early/Late Drop off Fees (Free for current HRAA members)





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How did you hear about Kids R Cool 4 Environmental Day Camp?

School Flyer Poster/Brochure (If so, where was the poster/brochure located? _____)

Valley Viewer/Hampton Herald Email Friend Other _____

This side of the registration form can be filled out if your child/ward has already previously attended Kids R Cool 4 Conservation THIS SUMMER, provided the information on the reverse side of the form is still complete and accurate.

I hereby acknowledge that the above stated information is still accurate and complete for my child/ward and I accept the waiver and policies presented on both sides of this form.

Parent/Guardian's Name (Please print): _____

Relationship to Child: _____

Signature: _____

Date: _____

Parent/Guardian's Name (Please print): _____

Relationship to Child: _____

Signature: _____

Date: _____

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Relationship to Child: _____

Signature: _____

Date: _____

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Relationship to Child: _____

Signature: _____

Date: _____



PCS POTASH
Cassidy Lake Division

