



Little Shield Kid's Camp 2016

CAMPER INFORMATION

First Name:

Last Name:

T-Shirt Size (YOUTH SIZING): S M L XL

Gender:

Birthday (DD/MM/YYYY):

City:

Province:

Postal Code:

Country:

CAMPER CONSIDERATIONS

Does your child have any allergies or dietary restrictions? If yes please list:

Does your child have any medication related or unrelated to their allergies that needs to be brought to camp daily? If so, please list and describe:

Does your child have any other medical issues or needs that must be maintained or met by attending the camp? (Ex. Disability, medical condition, etc.) If so, please describe it to us:



PARENT/GUARDIAN INFORMATION

Parent First Name:

Parent Last Name:

Contact Information: (Please put a star beside the contact number that is primary)

Home Phone Number	
Cell-Phone Number	
Work Phone Number	
Email	

This information will be used to contact you, as the primary parent/guardian in case of emergency

ADDITIONAL EMERGENCY CONTACT

Please provide the emergency contact information for your child, if you are unable to be reached.

Full Name: Relationship to Child:

Phone Numbers: C - H - W-

Additional:

PICK-UP INFORMATION

Who will be picking up your child after camp?

Full Name: Relationship to Child: Phone Number:

If this person is not yourself (the listed guardian/parent), please sign below to give written consent to the individual listed above to pick up your child after the Day Camp. **5:30PM IS THE CUT-OFF**

Signature:

Please Note: If there is a pick-up change before or during camp that is not yourself, you must notify the camp. If this is not communicated then your child will not be released without your verbal consent



CAMP CANCELLATION AGREEMENT

If in the event the Little Shield Kids Camp gets cancelled due to camper registration numbers, the amount paid will be returned in full to the payee. If the camp is subject to cancellation, you will be notified by the camp coordinator 2 weeks before the first day of camp.

In the event that you must withdraw your child from the camp and this is completed before the Registration deadline, you will receive the money paid in full. If you cancel your child for attendance to the camp after the registration deadline, you will receive half of what was paid as a refund.

PICK-UP POLICY AND REGULATIONS

In order to pick up your child, you **MUST** come to the Cambrian College Gym. Since there is no parking at the main entrance, you can park for free in the college parking lot beside the Cambrian Student Center and come into the school to pick up your child. We will not allow your child to exit the college unattended. If other arrangements for pickup have to be made, contact us.

Upon pick up of your child, we require **Valid Photo ID** of the individual obtaining the child to be presented. The child will not be released until the ID is given, and approved by the After Care Leader.

If someone other than yourself is picking up your child, you **MUST** notify us in advance, and it is your responsibility to ensure they have the proper identification necessary to pick them up.

PARENTAL CONSENT AGREEMENT

I have adequate medical coverage and insurance and give my daughter and/or son permission to attend the Little Shield Kids Camp at Cambrian College and we (or I) agree to indemnify Cambrian College and its employees for any claim which may hereafter be presented by our (or my) daughter as a result of any such injuries. In addition, our (or my) daughter understands all the rules and regulations of the Little Shield Kids Camp and promises to conform to them.

I agree to the information above.

By checking this box, you agree that the transmission and submission of this form serves as legal authorization that the information being submitted is true and correct to the best of your knowledge. You also agree that your electronic signature is as legally binding as your hand-written signature.

By providing your signature, you agree to all terms listed above on behalf of your child.

Signature of Parent/Guardian: _____

Date: _____



PARENTAL PHOTO CONSENT AGREEMENT

I hereby give permission for the Cambrian Athletic Association and Cambrian College to use, reproduce, copy, exhibit, or distribute (full or in part) any photographs, videos, recordings, or comments made by my child _____ as marketing/promotional material or for media release as a part of the Cambrian College Little Shield Kids Camp (newspaper, radio, etc.).

Freedom of Information and Protection of Privacy Act R.S.O., 1990, c. f.31, Section 42(1): An institution shall not disclose personal information in its custody or under its control except:

(b) Where the person to whom the information relates has identified that information in particular and consented to its disclosure;

(c) For the purpose for which it was obtained or compiled or for a consistent purpose.

First Name (please print)

Last Name

Mailing Address

City

Postal Code

Telephone Number

Cell Number

Email Address

Signature

Date

FOR OFFICE USE ONLY

Camp Payment Method (CIRCLE) :

CASH

DEBIT

CREDIT

Receipt #:

(Please Print the Receipt and Attach)

Clerk Signature: _____

Date: _____

PAYMENT IS ACCEPTED BY CREDIT, DEBIT, OR CASH AT THE CAMBRIAN ATHLETIC ASSOCIATION