



# GDRC SUMMER CAMP REGISTRATION

*(Office only)* Date Received: \_\_\_\_\_ Received by: \_\_\_\_\_ Deposit: \_\_\_\_\_

**CHILD – PERSONAL INFORMATION:**

First \_\_\_\_\_ Last \_\_\_\_\_  
 \*Entering Grade \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

**PARENT/GUARDIAN CONTACT INFORMATION:**

First \_\_\_\_\_ Last \_\_\_\_\_  
 Street Address \_\_\_\_\_ Town/City \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell phone \_\_\_\_\_  
 E-mail Address \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 E-mail Address \_\_\_\_\_ Relation to child \_\_\_\_\_

**WHO HAS PERMISSION TO PICK YOUR CHILD UP FROM SUMMER CAMP?**

*If changing pick up arrangements, parent(s) must call the Recreation Director or Camp Coordinator prior to the child being picked up.*

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**IS THERE ANYONE WHO DOES NOT HAVE PERMISSION TO PICK YOUR CHILD UP FROM SUMMER CAMP?**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**MEDICAL RELEASE INFORMATION:**

Please indicate if your child has / had any of the following:

	YES	NO
Measles	<input type="checkbox"/>	<input type="checkbox"/>
Rubelia	<input type="checkbox"/>	<input type="checkbox"/>
Mumps	<input type="checkbox"/>	<input type="checkbox"/>
Chicken Pox	<input type="checkbox"/>	<input type="checkbox"/>
Meningitis	<input type="checkbox"/>	<input type="checkbox"/>
Pertussis (Whooping Cough)	<input type="checkbox"/>	<input type="checkbox"/>



RECREATION FOR EVERYONE

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Asthma	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Eczema/Psoriasis	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy/Seizures	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

**ALLERGY ALERT (please list your child's allergies):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**MEDICAL TREATMENT:** Please indicate medical treatment your child may require. Parents must see Recreation Director or Camp Coordinator to complete additional forms before medication can be administered.

Name of Medication \_\_\_\_\_ Dosage \_\_\_\_\_

Instructions: \_\_\_\_\_

**EMERGENCY TREATMENT:** Please indicate any situation where emergency treatment and/or medication(s) may be required by your child (I.E., EpiPen, Benadryl)

\_\_\_\_\_

**ADDITIONAL INFORMATION:** Indicate if there are any activities in which your child cannot participate.

\_\_\_\_\_

**WEEKLY REGISTRATION:** To register your child, please CHECK OFF ANY/ALL WEEKS YOUR CHILD WILL BE ATTENDING

Week of:	Check	Weeks	Theme
July 8 – July 12	<input type="checkbox"/>	1	Birthday BASH!
July 15 – July 19	<input type="checkbox"/>	2	Play it Again SPORTS!
July 22– July 26	<input type="checkbox"/>	3	Did Someone Say ART ATTACK?
July 29– Aug 2	<input type="checkbox"/>	4	Get Yo' Nerd on!
Aug 6 – Aug 9 (closed Aug 5)	<input type="checkbox"/>	5	Are You Smarter Than a...LEADER?
Aug 12 – Aug 16	<input type="checkbox"/>	6	Best of the Best Camp
Aug 19 – Aug 23	<input type="checkbox"/>	7	Revenge on the Leaders...or Campers?



# GDRRC SUMMER CAMP REGISTRATION

**PAYMENT:**

Does your child(ren) have a valid 2018 GDRRC Membership (Jan 1<sup>st</sup>, 2019 – Dec 31<sup>st</sup>, 2019)? Y  N

If no, please check:  Family \$40.00 **OR**  Individual \$15.00

Number of Weeks of Summer Program \_\_\_\_\_ x \$40.00 = \$ \_\_\_\_\_

Full Camp Early Bird

Full Camp Regular Price

Sibling Discount (if applicable)

Deposit \$40

**Membership Total:** \$ \_\_\_\_\_

**Summer Program Total:** \$ \_\_\_\_\_

Amount Due: \$ \_\_\_\_\_

Amount Paid: \$ \_\_\_\_\_

**Receipt: Y / N**

GDRRC Summer Camp Receipts should be made out to:  Mother  Father  Both  Guardian

Please note: Receipts will be emailed or if preferred, paper-copy.

Preferred email: \_\_\_\_\_



# GDRC SUMMER CAMP REGISTRATION

## PLEASE NOTE THE FOLLOWING

**Attendance:** If your child will not be attending on any registered day, notification must be given to the GDRC prior to the scheduled arrival time. When dropping off a child, parents must accompany their child into the building or over to the playground where applicable and check in with a staff member before leaving their child at the Community Centre.

**Registration Fees:** ALL registration fees must be paid through our Recreation Director or Camp Coordinator through cash or cheque (made payable to the GDRC Inc.).

**Hours of Operation:** Our Summer Camp runs for 7 weeks of summer, from 10 am until 4pm. Parents will be charged \$5 for every 5 minutes per child that they are late picking up a child after 4pm. Fees will be added to your account if not paid at the time of arrival.

**Illness and/or injury:** Parents should not send a child to the camp if s/he is ill. Parents will be expected to pick up, as soon as possible, a child that has become ill or injured at the camp.

**Publication Consent:** I (we) give permission to the GDRC Inc. to use pictures of my child and/or his or her first name for purposes of advertising or promoting the camp activities. I (we) understand that all other personal information about my (our) child will be kept private and confidential, and that photos and first names will only be used in good faith by GDRC Inc. I understand the photos will be used for promotional purposes including flyers, brochures, newspaper and on the internet. I understand that although my child's photograph may be used for advertising, his or her identity will not be disclosed, I do not expect compensation and that all photos are the property of the GDRC's Summer Camp and its affiliates. Please advise the Recreation Director if you have any concerns.

**Service Agreement:** By signing or typing your name below you are indicating that you are registering your child in the GDRC Summer Camp Program and that you have read and agree to all of the related policies stated above. In consideration of the GDRC Inc., accepting the above minor as a member and/or permitting him/her to enjoy the facilities of the said, the undersigned parent or guardian on behalf of himself/herself and on behalf of the minor applicant, do waive and release each and every right or claim for negligence we and each of us have or may have against the GDRC Inc. its agents, employees, servants or representatives for all and any injuries, accidents or mishaps occasioned by or to above named minor while participating in the activities of or in the care of the said GDRC Inc.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_



# GDRC SUMMER CAMP REGISTRATION

## CONSENT FORMS

**Sunscreen and Bug Spray:** During the entire Summer Camp, parent(s) will be required to send labeled bottles of sunscreen and bug spray for their child's individual use. If you choose to not send sunscreen or bug-spray then your child will be required to wear a hat and long sleeved shirt when outside. In an effort to keep your child safe and protected, if neither of these two requests are met you will be contacted immediately and will need to pick up your child as this is something we must take seriously. We thank you for your co-operation and understanding.

- I give permission for the staff of the GDRC Inc. to assist applying sunscreen and bug-spray to my child. I have sent a labeled bottle of sunscreen and bug-spray.
- I have decided to send a hat and long sleeve shirt as I do not wish for my child to wear sunscreen or bug-spray and I understand that if I do not send this in that I will be notified and will need to pick up my child(ren).

**Outings and Excursions:** As a part of the day, walking trips may be taken off the premises, within the community. Consent will provide more flexibility and allow for more spontaneity in the planning.

- I give permission for my child to be able to participate in the walking trips off the premises.
- I do not give my permission for my child to be able to participate in the walking trips off the premises.

**Emergency Care and Transportation:** If at any time medical treatment is necessary, due to circumstances such as an injury or sudden illness, I authorize the GDRC Inc. staff to take whatever emergency measures are necessary for the protection of my child while in their care. I understand this may involve applying first aid, contacting a medical practitioner, carrying out the instructions given, and/or transporting my child to a hospital, including the possible use of an emergency vehicle. I understand that this may be necessary prior to contacting me and that any expense incurred for such treatment, including emergency transportation is my responsibility.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
(Date)



# GDRC SUMMER CAMP REGISTRATION

Name of Child/Youth: \_\_\_\_\_

Dear Parent or Guardian,

Your child may participate in an event or activity run by GDRC Inc. where photos, video or audio of campers may be taken for promotional/educational/fundraising purposes. Please read this Media Consent Form carefully and indicate below your permission.

## SECTION 1 – CHILD/YOUTH (18 YEARS OR UNDER) MEDIA CONSENT

\* I hereby give the GDRC Inc. consent to use and reproduce my child's/youth's first name/image for promotion purposes related to GDRC and/or external partners. My child's/youth's first name (unless otherwise authorized)/image may be published or used in newspapers, promotional videos, program brochures, posters, on World Wide Web or otherwise displayed to the public or used for other educational/fundraising purposes, either in whole or in part by the GDRC Inc., and/or external partners. I release the GDRC Inc. and its agents from any and all claims, of any nature, based on any uses of the above.

I Accept

I Decline

## CONFIDENTIALITY CONCERN

\* If you have a safety concern regarding your child/youth and do not want your child's name/image used for the purposes stated above, please indicate here:

I Decline

\_\_\_\_\_  
Child's/Youth's Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

***\* Note: It is the parent/guardian's responsibility to notify the Recreation Director or Camp Coordinator if the status of this consent changes.***