Mainstream Mindfulness Summer Camp

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|  Registration Form  |
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|  |  |  | M | F |
| Child’s Name |  | Date of Birth Start Date | Sex |
|  |  |  |
| Parent’s/Guardian’s Name |  | Parent’s/Guardian’s Name |
|  |  |  |  |  |  |  |
| Home Phone |  | Work Phone |  | Home Phone |  | Work Phone |
|  |  |  |
| Street Address: |  | Street Address: |
|  |  |  |
| Email Address: |  | Email Address: |
| Cell Phone # |  |  Cell Phone # |
|  |  |  |
|  |  |  |
| Alternative Emergency Contacts |
|  |
|  |  |  |
| Primary Emergency Contact |  | Secondary Emergency Contact |
|  |  |  |  |  |  |  |
| Home Phone |  | Work Phone |  | Home Phone |  | Work Phone |
|  |  |  |
| Address |  | Address |
|  |  |  |
| City, Province and Postal Code |  | City, Province and postal code |
| Is allowed to pick-up my child: Yes\_\_\_\_\_ No\_\_\_\_\_ |  | Is allowed to pick up my child: Yes\_\_\_\_\_ No: \_\_\_\_\_\_\_ |
| Medical Information |
|  |
|  |
| Hospital/Clinic Preference Health Card # |
|  |  |  |
| Physician’s Name |  | Phone Number |
|  |  |  |
| Allergies/Special Health Considerations |  |  |

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| Does your child have a life-threatening allergy? Yes\_\_\_\_\_\_ No\_\_\_\_\_\_Does the allergy require the use of an epi-pen? Yes\_\_\_\_\_ No\_\_\_\_\_\_ |
| Do you require mediation to be administered or stored by the staff? Yes\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_ |
| Has your child had peanut butter at home? Yes\_\_\_\_\_No \_\_\_\_**If you answered yes to any of the medical Questions, please contact at** **mainstreammindfulness@hotmail.com** **and pick up the necessary medical forms. These forms must be filled out and returned prior to starting.**  |

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|   **Parental Consent** |
| This waiver applies only if neither parent/guardian can be reached in the case of an emergency. I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics which may be deemed necessary for the health and safety of my child and waive my right to informed consent of treatment.  |
|  |  |  |
| Parent’s/Guardian’s Signature |  | Date |
|  |
| I give permission for my child to go on field trips. I release Mainstream Mindfulness and individuals from liability in case off accident during activities related to Outings, as long as normal safety procedures have been taken. |
|  |  |  |
| Parent’s/Guardian’s Signature |  | Date |

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| I the undersigned do hereby grant or deny permission to Mainstream Mindfulness to use the image of my child, as marked by my selection(s) below. Such use includes the display, distribution, publication, transmission, or otherwise use of photographs, images, and/or video taken of my child for use in materials that include, but may not be limited to, printed materials such as brochures and newsletters, videos, and digital images such as those on the Mainstream Mindfulness Web site * Deny permission to use my child’s image at all.
* Grant permission to use my child’s image in the following ways (mark all that apply):
* **Limited usage:** I want my child’s image used within the Mainstream Mindfulness setting only (not in the larger community).
* **Limited usage:** I will allow my child’s image to be used on private/closed Mainstream Mindfulness Facebook site.
* **Limited usage:** I want my child’s image used for educational materials only (not marketing). This could be either within Mainstream Mindfulness or in the larger community. One example of this could be videos in parent education classes.
* **Limited usage:** I want my child’s image used on printed materials only (no digital or video use).
* **Unrestricted usage:** I give unrestricted permission for my child’s image to be used in print, video, and digital media. I agree that these images may be used by Mainstream Mindfulness for a variety of purposes and that these images may be used without further notifying me. I do understand that the child’s last name will not be used in conjunction with any video or digital images.

Parent/Guardian signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Should my account become in arrears & my child dismissed I give permission for this information to be shared with other organizations as well as collections departments**Parent/Guardian signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Please check out our Website: [**www**.mainstreammindfulness.net](http://www.mainstreammindfulness.net) |  |  |
| Signature of Parents/ Guardians |  | Date: |
|  |  |  |

Please include any other information you would like your child’s teacher to know: |  |  |