



# Kidnetix Camp Registration Form

Application # \_\_\_\_\_

**PLEASE PRINT CLEARLY****Choose (✓) Your Session**March Break Summer Camp P.A Day Full Session Part Time **PLEASE LIST WEEKS:**

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\_\_\_\_\_

Camper First Name:

Camper Last Name:

Preferred Name:

DOB dd / mm/ yy

Male Female 

Age:

Grade:

School:

Address:

City:

Postal Code:

Parent/ Guardian Name:

Emergency Contact:

Primary Phone Number:

Emergency Contact Phone Number:

Secondary Phone Number:

Alternate Pick Up:

Phone Number:

Email Address:

Alternate Pick Up:

Phone Number:

**MEDICAL INFORMATION**Is the child on any medication? Yes  No 

If so, please specify: \_\_\_\_\_

Does medication need to be administered at camp? Yes  No 

If so, please specify: \_\_\_\_\_

Does the child carry an EPI pen? Yes  No Medical Conditions: Asthma  Seizures  ADD/ ADHD  Other: \_\_\_\_\_Does your child have any allergies, disabilities and/or infirmities that would restrict his/her participation in the program? Yes  No 

If so please specify reaction and/or treatment: \_\_\_\_\_

Does your child have any special dietary needs? Yes  No 

If so please specify: \_\_\_\_\_

**AUTHORIZATION**

I hereby give permission for the above named child to participate fully in activities sponsored or organized by Kidnetix Edu-Play Centre Inc., both on and off site activities and trips, questionnaires or surveys, unless otherwise indicated in writing. I agree to the use of photographs, digital images, video or audio recordings of this child without consideration for the purposes of public education and publicity for Kidnetix Edu-Play Centre Inc. I agree that any such photographs, negatives, slides, digital images, video or audio recordings shall be the sole property of Kidnetix Edu-Play Centre Inc.

As a condition of being allowed to participate in a Kidnetix Edu-Play Centre Inc. camp or program, you warrant the participant is in good physical and mental health. You agree that the any negative intentional behaviour that puts campers, participants or others at risk will result in immediate dismissal from the program at the discretion of the Kidnetix Manager on duty. There will be no reduction or refund of camp fees for campers arriving late, leaving early, missed days, illness or dismissal/ removal due to behaviour. There is no refund for cancellations 14 days or less from the start of the registered camp session. The parent or guardian submitting this application or those having legal custody over the child are legally responsible for the payment of fees and any other expenses incurred by the child.

Although it is understood that all reasonable precautions shall be taken to prevent personal injury, damage and/or loss of property, Kidnetix Edu-Play Centre Inc., and its employees, instructors, leaders, volunteers or other agents and representatives, are hereby absolved and released from any and all responsibility for personal injury death, property damages, and expenses or loss sustained by us as a result of the above mentioned child's participation in all activities due to any cause whatsoever, including without limitation, negligence, breach of statutory duty including duties arising from occupiers liability legislation, on the part of Kidnetix Edu-Play Centre Inc., and it's staff howsoever caused. I also give permission for emergency medical treatment to be carried out, should it be required, with the understanding that Kidnetix Edu-Play Centre Inc. will attempt to contact me at the phone number listed on this form.

I hereby certify that I have read and accept all the above conditions. Applications cannot be accepted without a parent or guardian signature and full payment.

Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**OFFICE USE ONLY**T-shirt Size \_\_\_\_\_  ReceivedMethod of Payment  Cash  Interact  Cheque  Credit Card  Agency \_\_\_\_\_ Agency Contact: \_\_\_\_\_Attached Invoice Amount Per Week \$ \_\_\_\_\_ Sibling Total Payment \$ \_\_\_\_\_ PIF Subsidy Approved  Yes  No  Provider \_\_\_\_\_

Subsidised Amount \$ \_\_\_\_\_