

**Kidz Kove Indoor Playcentre Ltd.**  
**Camp Registration Form**

**Child**

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Gender: Male \_\_ Female \_\_

Grade \_\_\_\_\_ Birth date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age (as of July 31, 2017) \_\_\_\_\_

Street Address \_\_\_\_\_

Town/City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

**Parent/Guardian - Contact Information**

***Parent/Guardian #1***

First \_\_\_\_\_ Last \_\_\_\_\_

Street Address \_\_\_\_\_

Town/City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Daytime Phone \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_

***Parent/Guardian #2***

First \_\_\_\_\_ Last \_\_\_\_\_

Street Address \_\_\_\_\_

Town/City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Daytime Phone \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_

Person responsible for payment \_\_\_\_\_

**Emergency Contact Information – Alternate Pickup/Release**

***Emergency Contact #1***

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_

Relationship to child \_\_\_\_\_

**Emergency Contact #2**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_

Relationship to child \_\_\_\_\_

Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures).

<u>Medical Problem</u>	<u>Required treatment</u>	<u>Should paramedic be called?</u>
_____	_____	Yes/No
_____	_____	Yes/No
_____	_____	Yes/No

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?

Yes\_\_ No\_\_ If yes, explain: \_\_\_\_\_

Is your child allergic to any type of food or medication?

Yes\_\_ No\_\_ If yes, explain: \_\_\_\_\_

Does your child require a special diet?

Yes\_\_ No\_\_ If yes, explain: \_\_\_\_\_

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

**Camp Information:**

**Dates:** July 4 to September 1, 2017 (9 weeks) - Monday to Friday

**Location:** 4870 Tomken Rd, Unit 7

**Hours:** 9:00 am to 4:00 pm

**Extended Hours from:** 7:30 am to 9:00 am =\$5 and 4:00 pm to 6:00 pm= \$5.00

**Camp Cost:** Full Week = \$225 (4 day weeks = \$190) or Full Day = \$50 + Thursdays Full Day Outing = \$60

**Please indicate which camp you will be attending:**

- Week 1-July 4 to 7, 2017: Full Week [ ], 4 Days [ ], Daily [ ]
- Week 2-July 10 to 14, 2017: Full Week [ ], 4 Days [ ], Daily [ ]
- Week 3-July 17 to 21, 2017: Full Week [ ], 4 Days [ ], Daily [ ]
- Week 4-July 24 to 28: Full Week [ ], 4 Days [ ], Daily [ ]
- Week 5-July 31 to August 4, 2017: Full Week [ ], 4 Days [ ], Daily [ ]
- Week 6-August 8 to 11, 2017: Full Week [ ], 4 Days [ ], Daily [ ]
- Week 7-August 14 to 18, 2017: Full Week [ ], 4 Days [ ], Daily [ ]
- Week 8-August 21 to 25, 2017: Full Week [ ], 4 Days [ ], Daily [ ]
- Week 9-August 28 to September 1, 2017: Full Week [ ], 4 Days [ ], Daily [ ]

## **Informed Consent and Acknowledgement**

I hereby give my approval for my child's participation in any and all activities prepared by Kidz Kove Indoor Playcentre Ltd. ("Kidz Kove") during the selected camp. In exchange for the acceptance of said child's candidacy by Kidz Kove, I assume all risk and hazards incidental to the conduct of the activities, and release, absolve and hold harmless Kidz Kove and all its respective officers, agents, and representatives from any and all liability for injuries to said child arising out of traveling to, participating in, or returning from selected camp sessions.

In case of injury to said child, I hereby waive all claims against Kidz Kove including all coaches and affiliates, all participants, sponsoring agencies, advertisers, and, if applicable, owners and lessors of premises used to conduct the event. There is a risk of being injured that is inherent in all camp activities. Some of these injuries include, but are not limited to, the risk of fractures, paralysis, or death.

## **Medical Release and Authorization**

As Parent and/or Guardian of the named camper, I hereby authorize the diagnosis and treatment by a qualified and licensed medical professional, of the minor child, in the event of a medical emergency, which in the opinion of the attending medical professional, requires immediate attention to prevent further endangerment of the minor's life, physical disfigurement, physical impairment, or other undue pain, suffering or discomfort, if delayed.

Permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, x-ray examination and immunizations for the named athlete. In the event of an emergency arising out of serious illness, the need for major surgery, or significant accidental injury, I understand that every attempt will be made by the attending physician to contact me in the most expeditious way possible. This authorization is granted only after a reasonable effort has been made to reach me.

Permission is also granted to the Kidz Kove and its affiliates including Directors and Employees to provide the needed emergency treatment prior to the child's admission to the medical facility.

Release authorized on the dates and/or duration of the registered season. This release is authorized and executed of my own free will, with the sole purpose of authorizing medical treatment under emergency circumstances, for the protection of life and limb of the named minor child, in my absence.

**Confirmation**

By acknowledging and signing below, I am delivering an electronic signature that will have the same effect as an original and manual paper signature. The electronic signature will be equally as binding as an original manual paper signature.

**Parent's/Guardian's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Care Provider's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_