



Kids Farm Adventure Day Camp...

Where kids can get lost and have fun all day long!

Day Camp Application Form 2010

1. Child's Information

Last Name _____ Health Card Number _____
First Name _____ Sex _____
Date of Birth _____ School Grade _____

2. Which camp session would you like your child to attend? (Monday to Friday 9am-4pm)

- 19-23 July 2010 2-6 August 2010
 26-30 July 2010 9-13 August 2010

3. Does your child have any qualifications? (ex: swimming level, Royal Conservatory)

4. Will any of your children's friends also be attending the same session as your child?

- Yes (Please provide names) No Unsure

5. Does your child have any medical issues or concerns that may prevent them from completing any activities or may cause their health to be at risk? Please include information such as asthma, puffers, diabetes and epipens.

- No
 Yes (Please describe below)

6. Does your child take any medications? Please provide information such as how to store the medication and when to provide the medication to the child.

- No
 Yes (Please detail below)

7. Parent Information:

Mother

Last Name _____
First Name _____
Phone Number _____
Work Number _____
Cell Number _____
Email _____

Father

Last Name _____
First Name _____
Phone Number _____
Work Number _____
Cell Number _____
Email _____

8. Mailing Address:

Number and Street _____
Town _____
Province _____
Postal Code _____

9. Secondary Contact: Please provide a contact in the event that we cannot reach you.

Name _____
Phone Number _____
Work Number _____
Cell Number _____
Relationship _____

10. Doctor Information: Please provide us with your family doctor in the event of an emergency.

Doctor's Name _____
Location _____
Contact Number _____

11. Is there anything else we should know about your child?

Agreement

I/ We _____ give consent for my child to participate in all activities at McMaze fully (unless restrictions are stated above) while at McMaze during the Day Farm Camps. To the best of my knowledge, my child is in good health, and I will notify McMaze if any health problem should arise during my child's adventures at McMaze. I agree that all of the McMaze staff, and employees, having taken reasonable precautions, shall not be held responsible for any accident or sickness that may involve my child while at McMaze. I hereby give my permission for the McMaze managers to use the physician of choice should the contacts given on this form not be reachable, to hospitalize or secure proper treatment to my child in the event medical attention is required. (Every effort will be made to reach the contacts on this form in the event of an emergency) I also give permission to that same physician to order injections, anesthesia or surgery for my child, as named on this form, if required and a contact is not reachable.

I/ we give permission for photographs to be taken of our child while participating in the Day Farm Camp? Yes No

I/ we give permission for photographs of my child to be used in future publications such as website updates, flyers and newsletters? Yes No

Parent Signature _____ Parent Signature _____

In signing this form, you agree to all of the above statements. You also agree that all of the information given on this form is accurate to the best of your knowledge and should any changes arise, McMaze will be notified immediately.

- * Registrations must be accompanied with a \$75 deposit
- * Remainder of full payment is due upon your child's arrival the first day of camp
- * Refunds may be granted up until July 1st
- * Refunds after July 1st will be on a case by case basis (ie: Death in the family). Deposit may not be refunded in full. Proof maybe required.
- *A confirmation letter will be provided upon receiving this form. Please call McMaze should you not receive a conformation letter 1 month after you have mailed your registration form
- *Pick up time for all children is at 4: 00 pm. Please arrange rides for your child to be picked up at 4:00 pm everyday. Times may be negotiated with Valerie McDonald, McMaze Manager and an extra fee may apply.