

# Day Camp Program

## Participant Registration Form

Complete one form per participant.

OFFICE USE ONLY

Receipt #: \_\_\_\_\_ Processed: \_\_\_\_\_

Payment:    Cash    Cheque    Debit

### PART A: PARTICIPANT INFORMATION

|   |                             |
|---|-----------------------------|
| Full Name:  | Date of Birth (dd/mm/yyyy): |
| Participant Medical Conditions / Allergies / Limitations: |                             |

### PART B: FAMILY INFORMATION

|  |                          |
|--|--------------------------|
| Parent/Guardian Full Name:   | Relation to Participant: |
| <i>Enter an email address to receive Recreation Department updates</i> | Email:                   |
| Primary Phone Number:  | Secondary Phone Number:  |
| Mailing Address:   |                          |
| City/Town:   | Postal Code:             |

### PART C: ADDITIONAL EMERGENCY CONTACTS & PICK-UP AUTHORIZATION

All emergency contacts must be available for the duration of the program. Individuals listed below will be permitted to sign out the participant.

|                                  |                                    |
|----------------------------------|------------------------------------|
| Primary Contact Full Name:       | Primary Contact Relationship:      |
| Primary Contact Primary Phone:   | Primary Contact Secondary Phone:   |
| Secondary Contact Full Name:     | Secondary Contact Relationship:    |
| Secondary Contact Primary Phone: | Secondary Contact Secondary Phone: |
| Tertiary Contact Full Name:      | Tertiary Contact Relationship:     |
| Tertiary Contact Primary Phone:  | Tertiary Contact Secondary Phone:  |

### PART D: WAIVERS

Please read, check the applicable boxes, and sign below:

- I give permission for the participant to attend day trips with the program and Township of Tiny staff
- I give permission for Township of Tiny staff to apply sunscreen to the participant's skin that is exposed to the sun
- I give permission for Township of Tiny staff to give the participant food or drink as a part of the program
- I give permission for Township of Tiny staff to photograph the participant for potential use in future promotional materials

I acknowledge and accept the potential inherent risks and hazards associated with outdoor play: [a] sporting & play activities (running, jumping, climbing, falling, tripping, throwing), [b] arts and crafts (cutting, gluing), [c] environmental (sun/heat, wildlife), [d] travel (travel to/from other destinations & activities), and [e] other persons (physical, social, emotional, germs/bacteria).

I hereby waive, release, absolve, indemnify, and agree to hold harmless the Township of Tiny, the program organizers, and/or supervisors for any claim arising out of an injury to the participant.

|                               |                    |
|-------------------------------|--------------------|
| Signature of Parent/Guardian: | Date (yyyy/mm/dd): |
|-------------------------------|--------------------|

If you have any questions or concerns, please contact the Recreation & Culture at [recreation@tiny.ca](mailto:recreation@tiny.ca) or call (705) 526-4204 ext. 3.

The personal information collected on this form will only be used for the purpose in which it was intended and will be used in accordance with the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c.M.56

