

## REGISTRATION QUESTIONNAIRE

Previous camp experience? \_\_\_\_\_

Please provide any information that is important for Camp Pal-O-Mine to know, to help your child have a positive experience at camp: \_\_\_\_\_

Any dietary and/or activity restrictions? \_\_\_\_\_

Child's interests, hobbies, talents? \_\_\_\_\_

Child's swimming ability/level? \_\_\_\_\_

Any special needs or concerns that Camp Pal-O-Mine should be aware of? (Physical needs, behaviour, medical condition(s), speech/language, hearing/visual impairment, etc.) Please be advised that Camp Pal-O-Mine is not funded to provide one-to-one care. \_\_\_\_\_

**MEDICAL INFORMATION:** Allergies: \_\_\_\_\_

Any medications to be given at camp: \_\_\_\_\_

**Please note:** Depending upon the allergy, an Anaphylaxis Emergency Plan and/or a Medication Administration Record must be completed, if prescription medication is to be administered.

### **DROP OFF / PICK UP**

Please list all persons who will be dropping off and picking up your child. **Your child must be signed in and signed out every day.** Your child will NOT be released to anyone whose name is not listed here:

**My/our child will be dropped off and/or picked up by the parent(s)/legal guardian(s) on page 1 AND:**

\_\_\_\_\_ OR \_\_\_\_\_ OR \_\_\_\_\_  
Name and relationship to child    Name and relationship to child    Name and relationship to child

To ensure safety, the above named person(s) are the only people that camp staff will release your child to at the end of the camp day. If this information changes, CECC and Camp Pal-O-Mine staff **MUST BE NOTIFIED IN WRITING. Photo ID may be required at staff's discretion.**

### **Conditions of Enrolment**

1. Each registration form must be accompanied by a \$50.00 deposit and CECC annual Family Camp Membership fee of \$0.00, if applicable.
2. The balance of the fees are due and payable on March 4, 2024.
3. Please note that your deposit is non-refundable.
4. Camp fees are not a day-by-day fee. CECC will not refund fees for days missed for any reason. Days missed cannot be made up.
5. Central Eglinton Community Centre reserves the right to suspend any child from camp if s/he is disruptive to the other children and/or to the camp program.
6. Camp fees, less deposit, will be refunded if two weeks' written notice of cancellation is received. Any refunds granted will be subject to a 15% administrative fee.
7. A late fee of \$1.00 per minute will be charged for ALL LATE PICK-UPS.

I/We have read, understand and agree to the above conditions of enrolment and all information in this registration form, and I/we enclose my/our \$50.00 deposit towards camp fees. **I/We understand and agree that the deposit of \$50.00 is non-refundable. I/We understand and agree that the balance of camp fees are due and payable on March 4, 2024.** I/We represent and warrant to CECC that I/we am/are the parent(s)/legal guardian(s) of the above named minor child and as such am/are fully authorized and entitled to enter into this agreement on his/her behalf. **I/We agree that my/our child may participate in all camp activities, trips and outings, and understand that with any physical activity, there is risk of injury.** I/we give CECC and camp staff the authority to act on my/our behalf in case of emergency. **I/We have provided all necessary medical and other information concerning my/our child, and I/we can be reached at the phone numbers listed.** In an emergency, I/we authorize Central Eglinton Community Centre to secure medical care for my/our child. I/We am/are [a] member(s) of CECC and consent to the participation of the aforementioned child, and hereby release CECC, its staff, Board of Management, instructors and volunteers from any and all actions, claims, demands for damages, for any loss or injury, howsoever arising, which may hereafter be sustained by the participant as above named in consequence of participation in CECC/Camp Pal-O-Mine program activities.

\_\_\_\_\_  
Parent/Guardian NAME (Please PRINT)

\_\_\_\_\_  
Parent/Guardian NAME (Please PRINT)

\_\_\_\_\_  
Parent/Guardian SIGNATURE

\_\_\_\_\_  
Parent/Guardian SIGNATURE

Date \_\_\_\_\_

Date \_\_\_\_\_

Please return the registration form, waiver and payment to: