

# Summer Adventure Day Camp Registration Form 2011

(one per child)

Child's Name: \_\_\_\_\_ Health Card No: \_\_\_\_\_

Female: \_\_\_\_\_ Male: \_\_\_\_\_ Birth date: \_\_\_\_\_

Age: \_\_\_\_\_ (as of first day at camp) Grade completed as of June 2011: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Local Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Township: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Work Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Emergency Contact #1: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Work Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Emergency Contact #2: \_\_\_\_\_ Number: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Work Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Please describe your child's personality and temperament: \_\_\_\_\_

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How did you hear about Summer Adventure Day Camp?

Point in Time Newsletter

Flyer found in local Community

Point in Time Staff

Friend/Family Member

Point in Time Website

Radio

School

Other: \_\_\_\_\_

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## Part A - Consent to Participate

I consent to my child's \_\_\_\_\_ participation in the Summer  
(Insert Name of child)

Adventure Day Camp. I understand that this program is being operated by Point in Time Center for Children, Youth and Parents Inc. I will hold harmless Point in Time Centre for Children, Youth and Parents Inc. and its personnel from and against any claims or liabilities arising out of or relating to participation in this program. \_\_\_\_\_ (Initials of parent/guardian).

## Part B - Consent to the Release of the Exchange of Information

I consent to the release and exchange of information regarding the above named child to the staff of Point in Time Centre for Children, Youth and Parents Inc.

\_\_\_\_\_ (Initials of Parent/Guardian)

## Part C - Photo Release

I agree to my child's photograph being taken for the purpose of program promotion and display and acknowledge that her/his service has been donated.

Public photo display in Agency Newsletter/brochure/DVD	___ Yes	___ No
Release to Newspaper	___ Yes	___ No
Point in Time Centre for Children, Youth and Parents Inc. Website	___ Yes	___ No
Disc of photos given out to campers at end of week	___ Yes	___ No

I understand the nature and extent of these three consents and have given my authorization voluntarily.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Day Camp Coordinator

\_\_\_\_\_  
Date

*Please mark choices in order of preference from first to third. Each child is only guaranteed one week at camp. More weeks will be granted depending on availability.*

Week # 1 - July 4-8: Haliburton [ ]

Week # 2 - July 11-15: Wilberforce [ ]

Week # 3 - July 18-July 22: Gooderham [ ]

Week # 4 - July 25-July 29: Cardiff [ ]

\*\* Payment \$ 30.00/wk per child Amount Paid: \_\_\_\_\_

Week # 5 - Aug 1-Aug 5: West Guildford [ ]

Cheque payable to Point in Time Center for Children, Youth and Parents

Week # 6 - Aug 8-Aug 12: Kinmount [ ]

Staff Signature: \_\_\_\_\_

Week # 7 - Aug 15-19: Minden [ ]

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

\*\* Please be sure to have registration forms and money (for one week only) returned via mail or hand delivery to Point in Time, Box 1306, 69 Eastern Ave., Haliburton ON, K0M 1S0\*\*

Questions or Concerns, please contact Cheryl Smith @ 705-457-5345 ext. 317