

# Leighton Art Centre

## Summer Camp 2010 Registration Form

**IMPORTANT:** The Leighton Centre must receive payment and completed registration form with ALL section filled in and signed to consider your child registered for summer camp.

### SECTION A - Camper Information

CAMP WEEK # \_\_\_\_\_ DATES: \_\_\_\_\_

BUS CHOICE: A  B  C  D  E   
check here if bus is not required:

CHILD'S NAME: \_\_\_\_\_  
First Name Last Name

GENDER: M / F BIRTH DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_  
D / M / Y

### PARENT/ GAURDIAN #1

NAME: \_\_\_\_\_  
First Name Last Name

ADDRESS: \_\_\_\_\_

PHONE: Home: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

**Note:** Confirmation of registration sent via email to this address only.

Please check the box if you would like to be a part of our mailing list.

### PARENT/ GAURDIAN #2

NAME: \_\_\_\_\_  
First Name Last Name

ADDRESS: \_\_\_\_\_

PHONE: Home: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_

GROUPING REQUESTS: (we will attempt o fulfill your request but cannot guarantee this)

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### OFFICE USE ONLY:

Date processed: \_\_\_\_/\_\_\_\_/\_\_\_\_

Payment: Cheque \_\_\_\_\_ Visa/MasterCard \_\_\_\_\_

Comments:

## SECTION B - Camper's Emergency Contacts

If the Parent/Guardian is unavailable in an emergency, please give two alternate contacts:

Alternate Contact #1

\_\_\_\_\_  
First Name Last Name  
Phone: Home: (\_\_\_\_) \_\_\_\_\_ Work:(\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Alternate Contact #2

\_\_\_\_\_  
First Name Last Name  
Phone: Home: (\_\_\_\_) \_\_\_\_\_ Work:(\_\_\_\_) \_\_\_\_\_ Cell:(\_\_\_\_) \_\_\_\_\_

## SECTION C - Camper's Health Information

- Does your child have allergies to such things as medications, insect stings, food, etc?  
Yes  No  If yes please fill in the following:  
Allergy: \_\_\_\_\_ Life Threatening? Yes  No
- Are there any medications that your child should carry themselves i.e. puffer; epi- pen?  
Yes  No   
If yes please specify \_\_\_\_\_
- Chronic conditions or recent illnesses of which staff should be aware:  
\_\_\_\_\_  
\_\_\_\_\_
- Please provide details of any medications or treatments required for the above-mentioned condition or allergy:  
\_\_\_\_\_  
\_\_\_\_\_

### Medications:

Medication (over the counter and/or prescribed) brought by participants must be in original packaging with dosage instructions and clearly labeled with name of child. Medications for child under 12 must include a note or a prescription from a medical professional authorized to prescribe medications. Adults will supervise the taking of medication by participants according to instructions provided but WILL NOT ADMINISTER said medications. Participants must be willing to take their medications.

**SECTION D - RELEASE FORM:**

I, \_\_\_\_\_ give permission for \_\_\_\_\_ to participate in all activities at the Leighton Art Centre. I assume all risks and hazards incidental to the conduct of the activities. I do further release, absolve, indemnify and hold blameless the staff and directors of the Leighton Foundation. I hereby authorize a Leighton representative to secure such medical advice and services ie) contacting EMS/ambulance, as may be deemed necessary for the health and safety of my child during activities. I agree to accept final responsibility in excess of the benefits allowed by my provincial/territorial health plan or the Leighton Centre insurance plan.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION E - Permission For Alternate Pick Up After Friday Art Show (Optional):**

My child has permission to be picked up after the art show on Friday by:

#1 \_\_\_\_\_  
First Name Last Name Relationship to Camper

#2 \_\_\_\_\_  
First Name Last Name Relationship to Camper

\*Please note that individuals on the list may have to show picture identification if they are not known to the Leighton Centre staff. If there is a need for someone other than the above-listed person to pick up, please inform the Leighton Centre in **writing**. In an emergency situation, the Leighton Centre may accept verbal authorization from you.

**SECTION F – Payment Information**

To view the total cost of your child’s week at camp please look online at our price list. Receipts and newsletter will be handed out on the first day of camp.

Payment (Check One): Visa  MasterCard  Personal Cheque

Credit Card Number: \_\_\_\_\_ Expiry date \_\_\_\_/\_\_\_\_

\*Cheque # \_\_\_\_\_ Name on cheque \_\_\_\_\_

Yes, I am a member of the Leighton Art Centre:

**Note:** To receive the 10% member’s discount you must have a \$40.00 membership for 2009/10

**CANCELLATION POLICY (please read carefully)**

A \$25.00 administration fee will apply to all cancellations.

Full refund – 30 days prior to camp date.

\$100.00 cancellation fee less than 30 days notice.

No refund within 21 days prior to camp start date (except with valid Doctor’s note)

Parent/ Guardian Signature of Agreement: \_\_\_\_\_

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