



# Village of New Minas Summer Day Camp Registration Form

COMPLETE ALL APPLICABLE SECTIONS – PLEASE PRINT

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Emergency Contact Name: \_\_\_\_\_  
 Emergency Contact Relationship: \_\_\_\_\_  
 Emergency Contact Phone #: \_\_\_\_\_  
 Physician's Name: \_\_\_\_\_  
 Medical Conditions: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
 Grade/School: \_\_\_\_\_  
 Parent/Guardian Name(s): \_\_\_\_\_  
 \_\_\_\_\_  
 Home Phone #: \_\_\_\_\_  
 Work Phone #: \_\_\_\_\_  
 Cell Phone#: \_\_\_\_\_  
 Health Card #: \_\_\_\_\_  
 Physician's Phone #: \_\_\_\_\_  
 Medications: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Camp Registering For:** Junior \_\_\_\_\_ Senior \_\_\_\_\_ Sports \_\_\_\_\_ Arts \_\_\_\_\_

Week	Full Week	Monday	Tuesday	Wednesday	Thursday	Friday
1						
2						
3						
4						
5						
6						
7						
8						

Please list 3 people who are permitted to pick up your child from camp, and their relationship to the child. Children will need to be signed in and out of their camp by a permitted individual.

Individuals permitted to pick up your child from day camp	Relationship:
1.	
2.	
3.	

**PHOTOGRAPHY PERMISSION**

We occasionally take photos or video to document a camp activity, which could then be used in our promotional and/or educational materials. Permission is granted for the Village of New Minas to use still photographs or video footage for this participant for these purposes only.  Yes  No

**WAIVER AND INDEMNITY**

By signing this, I hereby agree to allow the aforementioned individual to participate in the stated registered program. I further agree to indemnify and hold the Village of New Minas harmless from and against any and all liability for any injury which may be suffered by the aforementioned individual arising out of, or in any way connected, with his/her participation in this activity. I further authorize the administration of any first aid steps that may be necessary by qualified personnel. I verify that the information provided above is true and accurate.

\_\_\_\_\_  
Name of Parent/Guardian (please print)

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

**For Office Use Only:**

Paid: \_\_\_\_\_ Cash: \_\_\_\_\_ Cheque: \_\_\_\_\_ Debit: \_\_\_\_\_ Receipt #: \_\_\_\_\_

Received by: \_\_\_\_\_ Date: \_\_\_\_\_