

P.A. Day Camp 2022-2023 Registration Form

Camper' Name: _____ Age: _____

Address: _____ Postal Code: _____

Phone: _____ Birthday: _____ Gender: _____

Parent/Guardian: _____

Email Address: _____

Emergency Contact (1): _____ Phone: _____

Emergency Contact (2): _____ Phone: _____

Special Information (Allergies, Medication, Diagnoses Restricted Activities, etc.):

PHOTO PERMISSION

I grant the Eva Rothwell Centre permission to take and/or use photographs (including still pictures, digital pictures and video) of my child/ren and/or dependent during programs for promotional purposes including our social media pages, websites, organization brochures and other materials. I will have access to see all images of my dependent(s) upon request. I understand that I may withdraw my permission at any given time with written notice.

Signature of Parent/Guardian: _____ Date: _____

DROP-OFF / PICK-UP INFORMATION

Early drop-off starts no earlier than 8:00 a.m. | Late pick-up runs no later than 5:30 p.m.

Drop-Off Time (A.M.): _____ Pick-Up Time (P.M.): _____ Child Leaves Independently: ☐

Picked Up By: Father ☐ Mother: ☐ Other: ☐ If other, list relationship: _____

Name of Father/Mother/Other Guardian: _____

INDICATE REGISTERED P.A. DAY ATTENDANCE (please use an x)

Friday October 24th, 2022	___	Both School Boards
Friday November 25, 2022	___	Both School Boards
Friday January 27th, 2023	___	Both School Boards
Friday March 3rd, 2023	___	Both School Boards
Friday June 2nd, 2023	___	Both School Boards

COVID-19 Safe Practices for Camp

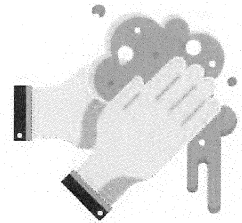
PLEASE STAY HOME IF YOU ARE SYMPTOMATIC

COVID-19 symptoms include fever, cough, difficulty breathing, and fatigue.



WASH YOUR HANDS

All staff and community members use hand sanitizer as they enter the building. Hands should be washed or sanitized prior to entering each space.



I, _____, am the parent/guardian of _____.
(Print Full Name) (Child/Dependant's Full Name)

and agree to let my child/ren and/or dependant participate in programs through the Eva Rothwell Centre, representatives and volunteers from all responsibility and liability for injuries or damages resulting from my child/ren and/or dependant under my guardianship participation in and activities of said event, including transportation to and from the program and the Eva Rothwell Centre. I also understand that the supervisors of the program have several participants to supervise, and must have cooperation to keep all participants safe. I take responsibility for all of my actions as well as any actions of child/ren and/or dependants that I am the legal guardian of, and understand that uncooperative and dangerous behaviour will not be tolerated at any time. This may include the exclusion of my child/ren and/or dependant's participation in future events and or possible transportation home from the event at my own expense. All participants act appropriately for a safe trip, and the representatives of the Eva Rothwell Centre are working to keep the event a safe and rewarding success. I agree to let my child/ren and/or dependants participate in said programs. I understand the risks associated with participation and hereby release from liability the Eva Rothwell Centre and all officials, employees, representatives, and volunteers thereof. I also agree to abide by the COVID-19 best practices of the Eva Rothwell Centre Camp and will take all precautions to ensure that my child/ren are educated with all necessary safety precautions.

Signature of Parent/Guardian: _____

Date: _____

IN OFFICE USE ONLY

Total Days: _____ x \$15

Total: \$ _____

Total Early Drop-Off/Late Pick-Up: _____ x \$5

Total: \$ _____

CASH, POST-DATED CHEQUES and DEBIT ONLY (Please Circle)

Grand Total:

\$ _____

Cheque/Receipt #: _____

Staff Signature _____