

Camper Information

Camper's Name:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Birthday: MM / DD / YYYY	Age :
Street Address:	City:	Province:	Postal Code:
Camper Nickname/Preferred Name:	Email:		
Have you attended a McKenzie Towne Summer Camp Before? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, for how many years?	

Parent / Guardian #1

Name:		Relationship:	
Street Address (if different from above):	City:	Province:	Postal Code:
Home Phone:	Business Phone:	Cell Phone:	

Parent / Guardian #2

Name:		Relationship:	
Street Address (if different from above):	City:	Province:	Postal Code:
Home Phone:	Business Phone:	Cell Phone:	

Authorization of Release (please list anyone other than the above who may pick up your camper)

1	Name:	
	Home Phone:	Business Phone:
2	Name:	
	Home Phone:	Business Phone:
3	Name:	
	Home Phone:	Business Phone:

Please attach a **current photo** of your camper here for our records.

Registration forms will NOT be accepted without a photo attached

2017 Summer Camp Medical Information Form



Please ensure the medical information form is filled out completely.
This will allow us to act quickly and efficiently in case of an emergency.

Camper Medical Information

Family Doctor	Doctor's Phone Number:	Provincial Health Care Number:
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Emergency Contact - must be different than Parent/Guardian (Please indicate which is the primary number)

Name:		Relationship:	
Street Address:	City:	Province:	Postal Code:
Home Phone:	Business Phone:	Cell Phone:	
Primary Number <input type="checkbox"/>	Primary Number <input type="checkbox"/>	Primary Number <input type="checkbox"/>	

Allergies/Medical History - Please indicate if your child has allergies to any of the following (check all that apply).

Penicillin: Insect Stings: Animals (please list): _____ Food Allergies (please list): _____

Other Medication (please list): _____ Epi-Pen

Other Allergies (please list): _____

Important note - Medications will not be administered by camp staff, children must be able to self administer. See guide for more information.

Does your child carry any medication for their allergies and/or any other reason? yes no

If yes, please provide details:

Does your child have any limitations that will not allow them to participate in all camp activities?

Please use this space to give us any insight into your child's physical or emotional needs or behaviours (For specific problems of confidential matter, please enclose a letter addressed to the Camp Coordinator. Please note all children must be potty trained):

*Note that if a confidential letter is enclosed payment will not be accepted until the Camp Coordinator has followed up with the parent(s) or guardian(s).

Please check if your child has / had:

<input type="checkbox"/> Chicken Pox	<input type="checkbox"/> Ear Trouble	<input type="checkbox"/> German Measles	<input type="checkbox"/> None
<input type="checkbox"/> Asthma	<input type="checkbox"/> Hepatitis	<input type="checkbox"/> Sinus Trouble	
<input type="checkbox"/> Appendicitis	<input type="checkbox"/> Hay Fever	<input type="checkbox"/> Mumps	
<input type="checkbox"/> Epilepsy/Fainting	<input type="checkbox"/> Red Measels	<input type="checkbox"/> Other (please list):	



McKenzie Towne Council

2017 Summer Camp Registration Form

Registration Information

Please check the session(s) your camper will be attending:	<u>Weeks/Themes</u> For each camp session, registration closes at 9:00 pm Wednesday prior to the start date.	<u>Cost</u> R = Resident NR = Non-Resident
	Week 1: Super Hero Dates: <u>Shortweek</u> July 4 to 7 from 9am-4pm	R: \$136.00 NR: \$160.00
	Week 2: Culture Shock Dates: July 10 to 14 from 9am-4pm	R: \$170.00 NR:\$200.00
	Week 3: Animal Friends Date: July 17-21 from 9am-4pm	R: \$170.00 NR:\$200.00
	Week 4: Blast from the past Dates: July 24 to 28 from 9am-4pm	R: \$170.00 NR:\$200.00
	Week 5: Crazy Laboratory Dates: July 31 to August 4 from 9am-4pm	R: \$170.00 NR:\$200.00
	Week 6: Art Attack Dates: <u>Shortweek</u> August 8 to 11 from 9am-4pm	R: \$136.00 NR: \$160.00
	Week 7: End of Summer Bash! Dates: August 14 to 18 from 9am-4pm	R: \$170.00 NR:\$200.00

Pre-/Post-Camp Care

Pre-Care per day (8-9am): \$8 | Post-Care per day (4-5pm): \$8

Pre- and Post-Care for an entire week of camp: \$40

A package price of \$40 (savings of \$40) can be purchased with your registration, or the hourly rates are available during the week of camp.

Please Note: Parents will be charged an \$8 fee for any camper dropped off before 9am or picked up after 4pm. If a camper is left behind after 5PM parents will be charged a late fee of \$10 for every fifteen minutes the camper is left in our care.

If pre-/post-care is needed, please check off applicable spaces below:

Pre-/Post-Care for the Week Only Pre-Care (8-9 am) Only Post-Care (4-5 pm)

Notes (if applicable, specify weeks and/or days):

Photo Release: From time to time, pictures will be taken of your camper. These pictures may be used for promotional materials in the future. These materials include, but are not limited to, use on the McKenzie Towne website, program guides, and program brochures.

Please sign and date below if you agree to allow McKenzie Towne Council to use photos of your child in future promotional material.

Signature: _____

Date: _____

MCKENZIE TOWNE COUNCIL AND MCKENZIE TOWNE HALL

In consideration of the McKenzie Towne Council (the 'MTC') permitting the undersigned or the participant to participate in the program, the undersigned, or myself the Participant, as the case may be, and for my or the Participant's personal representatives, heirs and next of kin, acknowledges and agrees with MTC that:

1. I acknowledge that I am aware of the dangers, risks and hazards associated with my participation in, spectating or mere attendance at the Program. I acknowledge and agree that I am not required by the MTC or anyone else to participate in, spectate at or attend the Program and that I am freely and voluntarily assuming any and all dangers, risks and hazards arising there from. I acknowledge that I am aware that it is a condition of my participation in the Program that I so participate entirely at my own risk.
2. The MTC and its members, employees, agents, trustees, directors and officers and their helpers and assistants and each of them and their respective insurers, heirs, successors, assignees, administrators and executors (the "Releasees") are not responsible for any loss, costs, damage, personal injury, ambulance services, death or property damage, however caused, arising from my participation in, spectating and/or mere attendance at the Program, including without limitation negligence on the part of the Releasees, breach of contract, occupier's liability or any other tort or cause of action at common law, in equity or by statute.
3. I hereby remise, release, discharge, waive, indemnify and save harmless the Releasees and each of them from any and all liability, costs (including without limitation legal costs on a solicitor and his own client basis), claims, damages, demands, actions and causes of actions at law, by statute and/or in equity arising as a result of any loss, damage, personal injury, death or property damage that I may suffer, directly or indirectly, as a result of my participation in, spectating and/or mere attendance at the Program.
4. I hereby remise, release, discharge, waive, indemnify and save harmless the Releasees and each of them from any and all liability, costs (including without limitation legal costs on a solicitor and his own client basis), claims, damages, demands, actions and causes of actions at law, by statute and/or in equity arising as a result of any loss, damage, personal injury, death or property damage that I may suffer, directly or indirectly, as a result of my participation in, spectating and/or mere attendance at the Program.
5. I understand that by signing this document, **I will be forever precluded from suing or otherwise claiming** against the Releasees or any of them for any loss, damage, personal injury, death or property damage that I may sustain through my participation in, spectating at and/or merely attending the Program.
6. For the purposes of the herein provisions, the MTC is or shall be deemed to be acting as agent or trustee on behalf of or for the benefit of each of the Releasees.

The foregoing provisions are intended to be as broad and inclusive as is permitted by the laws of the Province of Alberta, and if any portion thereof is held invalid, the balance shall continue in full legal force and effect.

Program Registration Cancellation Policy

Please Initial: _____

All refund requests must be submitted in writing (e-mail) to McKenzie Towne Council to rec@mtcouncil.com. Refunds can only be issued as a stored credit or a cheque (takes 2-3 weeks).

Full refunds will be issued to those who have medical reasons and provide a doctor's note prior to the start of the week in question. If a medical reason occurs during the week in question, a doctor's note must be provided to the Camp Coordinator and a pro-rated refund will be issued based on the date the note is received by staff (not the date on the doctor's note itself).

Refunds will be issued in full, up to 14 days prior to the start of the week in question. Refund requests 13 days before the start of the week in question and up to the Wednesday prior to the start of the week in question are subject to a \$20 administrative fee. After the Wednesday prior to the start of the week in question, only transfers (no administration fee for transfers) will be accommodated. Transfers can only be made prior to the first day of the week in question. Requests for transfers can only be accommodated during business hours (8:30am-4:30pm Monday to Friday).

No refunds or credits will be issued after the Wednesday prior to the week in question.

Privacy Policy

Please be advised that MTC complies with the Privacy Legislation and its policies.

I, _____ have read and acknowledge the McKenzie Towne Council's waiver form.

Signature: _____

Date: _____