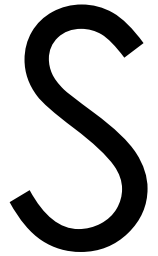




Grey Roots KidsCamp Summer 2012



Registration Process

1. Complete the registration form.
2. Read the Grey Roots KidsCamp Parents' Handbook
3. Submit form and payment to Grey Roots Museum & Archives.

	MEMBERS	NON-MEMBERS	ALL PRICES ARE SUBJECT TO HST
WEEKS 1 & 6	\$90.00	\$100.00	
WEEKS 2 – 5 , 7	\$110.00	\$125.00	
SINGLE DAY*	\$25.00	\$27.50	

* Preference is given to week long registrations. Individual day registrations are dependent upon availability and will open for applicants as a first come, first serve basis June 25, 2012.

Program hours are from 9:00AM to 4:30PM. Drop-off is from 8:30 to 9:00AM and pick up is from 4:30 to 5:00PM. Extended morning care is available for \$2 plus HST per child per day from 8:00 to 8:30AM. There is no extended evening care and a penalty will be charged for late pick ups.

Please select your desired week(s)

WEEK	DATES		FULL WEEK	M	TU	W	TH	F
1	JULY 3 TO 6	FOSSILS & DINOSAURS						
2	JULY 9 TO 13	CSI BOOT CAMP						
3	JULY 16 TO 20	A DAY IN THE LIFE OF A PIONEER						
4	JULY 23 TO 27	ANIMAL PLANET						
5	JULY 30 TO AUG. 3	SOLVING A MYSTERY						
6	AUG. 7 TO 10	TIME TRAVELERS						
7	AUG. 13 TO 17	FEAR FACTOR						

Name of Parent/Legal Guardians: _____

Name of Registrant(s): (aged 5 to 12 at start of program, proof of age may be required)

1. _____ Sex: ___ Date of Birth: _____ Age: ___ Grade Completed: _____
2. _____ Sex: ___ Date of Birth: _____ Age: ___ Grade Completed: _____
3. _____ Sex: ___ Date of Birth: _____ Age: ___ Grade Completed: _____

Emergency Telephone Contact Information:

Home	Cell	Work #1	Work #2

Please list two people we can contact in case of emergency if the parents/guardians are not available:

1. _____ Telephone _____ Relationship _____
2. _____ Telephone _____ Relationship _____

Name of Doctor: _____ Telephone: _____

Allergies: (bee stings, foods, etc.) _____

Are there any medications we should be aware of? Please specify: (Any medications, prescription or over the counter, that need to be administered during camp hours must be given to camp leaders along with a completed **Medical Assistance Request form**.) _____

Is there anything else you would like the leaders to know about your child's health or behaviour? *If you require more space please attach a page. Please note here if you do not wish to have your child(ren) photographed.*

Health Card Number(s):

1. _____ 2. _____ 3. _____

Mailing Address: _____ City: _____

Postal Code: _____ Email Address: _____

Who has permission to pick up your child at the end of day, other than the parents/legal guardians listed?

_____ or _____

**Please refer to the
Grey Roots KidsCamp
Parents' Handbook for
more information.**

OFFICE USE ONLY

Date Received: _____

Total: _____

Date Paid: _____

VS Name: _____

HI Name: _____

Method (circle): Cash Cheque
Debit VISA MC

Form of Submission (circle):
In person Phone Email
Fax

Extended Morning Care (circle):
M Tu W Th F All

Comments: _____

Parental Waiver and Release Form

The signing of this form will cover the program of Grey Roots KidsCamp, Grey Roots Museum & Archives and the County of Grey from any liabilities that may arise during the registrants' involvement in the aforementioned program.

Registrants' Name(s): _____

In consideration of the registrant(s) being admitted into the programs operated by Grey Roots Museum & Archives, I hereby release the County of Grey from all claims for damages incurred from any accident or injury which is caused by or arises from participation of the applicant herein, during the Grey Roots KidsCamp, in any facility, at the location where the program is being offered.

I hereby give permission for the person in charge, to enact the county emergency procedure, including activating the community emergency system, in the event of an accident involving the above mentioned registrant(s). Such action would only be taken if immediate contact with parents cannot be made. Parents will always be notified in the event of an emergency.

Signature of Parent/Legal Guardian*

*Please note that only a parent or legal guardian of the registrant(s) may sign this form.

Date