

**Summer Kids Kamp Program 2017  
Registration/Waiver Form**

(Please print clearly and neatly)

**Week[s] registering for:** 1. \_\_\_\_\_ 2. \_\_\_\_\_

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade (going into): \_\_\_\_\_

Parent/Guardian's Name(s): \_\_\_\_\_

**Email Address:** \_\_\_\_\_

Legal Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

**Medical Information:**

Manitoba Health Care Number: \_\_\_\_\_

Please list ANY health conditions; such as allergies, diabetes, behavioral problems, or contagious ailments. Please be specific:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list ANY physical limitations that may prevent your child from taking part in activities:

\_\_\_\_\_  
\_\_\_\_\_

If your child needs to carry or take any form of medications throughout the day list them here. This includes prescription medication, Epi-Pen, etc.

\_\_\_\_\_  
\_\_\_\_\_

Does your child know how to administer the medication by him/herself? **Yes No** (Please circle one)

**In case of emergency please call:**

Name: \_\_\_\_\_ Alternate contact name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternate contact number: \_\_\_\_\_

My child will be picked up by either myself, or one of the following after the Kids Kamp program:

Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

**Participant Waiver and Informed Consent:** I, the undersigned, authorize Dauphin Recreation Services, and/or anyone acting on their behalf to acquire necessary medical aid that may be required as a result of any accident or injury which may be sustained by my child. I hereby indemnify and save harmless the Dauphin Recreation Services, Dauphin Neighborhood Renewal Corporation, Watson Art Centre and/or anyone acting on their behalf from any and all action, claims and demands for damages.

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

Signature of parent or caregiver: \_\_\_\_\_