

Summer Kids Kamp Program 2018
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: _____