

Week(s) _____

Kids Discovery Camps - Registration Forms 2010
(please print all three (3) pages and mail or bring with you to registration which begins May 10th 6-8 pm at NSAC Langille Athletic Centre)

Participants Name (Full): _____

Age: _____ **Height:** _____ **Weight:** _____ **Gender (circle):** Male or Female

T-Shirt Size (circle): Youth M Youth L Youth XL Adult S Adult M

Date of Birth: _____ / _____ / _____ **Swim Level (if known):** _____

Parent/Guardian Name(s): _____ **email:** _____

Home Phone: (902) _____ - _____

Work Phone: (902) _____ - _____

Cell Phone: (902) _____ - _____

Address: _____

Postal Code: _____

Emergency Contact phone Number: (902) _____ - _____

Relationship: _____

Name of Doctor: _____ **Phone Number (902)** _____ - _____

Health Card Number: _____

The following people have permission to pick - up your child:

1. Name: _____ Relation to Child: _____

2. Name: _____ Relation to Child: _____

3. Name: _____ Relation to Child: _____

Without your consent, only the persons listed above are permitted to pick-up your child

Parent/Guardian Signature

Date

Kids Discovery Camp
Nova Scotia Agricultural College, LANGILLE ATHLETIC CENTRE
20 Cumming Drive, Bible Hill, NS B2N 5E3 Phone 902 893-6660



Kids Discovery Camp Health Section / Medication Form

ALL NECESSARY CARE AND ATTENTION WILL BE PROVIDED FOR THE HEALTH AND COMFORT OF THE PARTICIPANT. THE INFORMATION CONTAINED WITHIN THIS RECORD IS STRICTLY CONFIDENTIAL.

Please list and describe allergies/health conditions and the medication they are taking for these allergies/conditions, i.e. asthma, peanuts, stings, penicillin/epi-pen, inhaler/insulin, Ritalin.

Allergy/Health Conditions	Reaction/Description	Medication/Time Administered
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I _____ declare that the above information in the Health Section is true and accurate. I am aware that I must bring any medication. Both prescription and non-prescription, in its original prescription or over the counter packaging, to a staff member who will place it in the medical box. I agree and am aware that, in case of emergency, a verbal agreement between myself and a staff member of the Kids Discovery Camp will be binding.

Signed this _____ day of _____ 2009, _____
(Your Signature)

Witness: _____ Date: _____

Kids Discovery Camp
Nova Scotia Agricultural College
LANGILLE ATHLETIC CENTRE
20 Cumming Drive
Bible Hill, NS B2N 5E3
Phone 902 893-6660

FOR OFFICE USE ONLY
Call Made: _____
Letter or email Sent: _____

Informed Consent Form

THIS FORM MUST BE READ AND SIGNED BY THE PARENT AND/OR GUARDIAN OF A PARTICIPATING CHILD

Elements of Risk

Children will be participating in certain activities such as swimming, cooking, crafts, games and field trips which may contain some elements of risk. Participation in these activities, may increase the change of injury to your child.

With registration you have indicated your acceptance of the level of risk and resulting remedial action that may involve to your child. Scotia Pool and Nova Scotia Agricultural College does not provide any accidental death, disability, dismemberment of medical expenses insurance on behalf of the children participating in these events.

Acknowledgment

We have read the above; we understand that in participating in any Kids Discovery Camp activities, we are assuming the risks associated with doing so.

I, _____ give _____
(Parent/Guardian) (Child)
permission to participate in all Kids Discovery Camp activities.

Signature of Parent/Guardian: _____ Date: _____

Kids Discovery Camp
Nova Scotia Agricultural College
LANGILLE ATHLETIC CENTRE
20 Cumming Drive
Bible Hill, NS B2N 5E3
Phone 902 893-6660

Photograph Permission

I hereby grant permission for my child _____ to have his/her photograph taken while attending the Kids Discovery Camps. The Photograph may be used for promotion, advertising and web site purposes.

Signature of Parent/Guardian

Date