

CAMP PIONEERS

REGISTRATION AND PARENT CONSENT FORM

(PLEASE PRINT IN BLOCK CAPITALS)

Camp Pioneers Camp Dates

Please specify the week(s) your child/children will be in attendance.

\$250 per week (Activities included) or \$60 per day (Activities NOT included).

Payment is too made at the beginning of the week/day. ☺

Please note the daily rate is not 250/5 =\$50

Child Last Name: _____ First Name: _____

Child Current School: _____

Has the above child been dismissed from a previous camp? NO/YES

If yes, which camp and what was the reason for the dismissal? _____

Parent/Guardian Name: _____ Relationship to Child: _____

Home Tel: _____ Business Tel: _____ Cell: _____

Home Street Address: _____

Parish: _____ Postal Code: _____

Email address: _____

Child Age (last birthday): _____ DOB (DD/MM/YYYY): _____

Emergency Contact Name: _____ Phone: _____

Child's Physician: _____ Phone: _____

Allergies (please list all): _____

Does your child require any medications during the day? If so, please explain: _____

NOTE: Further discussion may be required with camp staff, to ensure your child's medications are administered adequately.

Permission for Pick-Up - At the end of each camp day, my child will return home by:

Taking the bus ☐ Walking home ☐ Being picked up ☐

The following people are permitted to pick up my child from Camp Pioneers:

Name: _____ Phone#: _____

Name: _____ Phone#: _____

Name: _____ Phone#: _____

Is there anyone **NOT** permitted to pick up your child from Camp Pioneers? Yes ☐ No ☐

Name: _____

CAMP PIONEERS

Parent/Guardian Consent and Acknowledgement:

Policy Consent

I, the undersign parent/guardian of _____ do hereby consent to his/her participation in Camp Pioneers Summer Camp. I acknowledge that there are risks associated with participation in camp activities and/or programs. I understand the risks, including, but not limited to: personal injury. I agree to waive and release Camp Pioneers from all claims for damages that may arise, other than by negligence of Camp Pioneers, its employees and agents, as a result of my child's participation in the camp program.

I understand that Camp Pioneers will not tolerate any behavior that is inappropriate, disrespectful, violent, harmful, or threatening to other campers or camp staff. Any camper that creates an uncomfortable, unsafe, and hostile environment for campers, parents, and camp staff will not be allowed to participate in Camp Pioneers. - I also understand that Camp Pioneers will not tolerate any behavior from a parent that is inappropriate, disrespectful, violent, harmful or threatening to other campers or camp staff. Any parent that creates an uncomfortable and/or hostile environment for campers and/or camp staff will lead to the immediate dismissal of his/her child/children from camp. I understand that in order to remain in the camp program, I and my child must comply with all camp policies and my child must act appropriately during all camp activities and communications.

Please note: If any child is removed from camp for their or their parent's misconduct, the child/children are not entitled to a refund of any portion of the camp fee.

Camp Pioneers will not be responsible for campers lost, stolen and/or damaged items. I understand that I have been strongly encouraged to label all of my child's clothing and personal items.

Transportation Waiver

I am aware that the above-named camper will be participating in activities, field trips, and events offsite from the main campsite. I give permission for my child to travel by foot, ferryboat, boat, automobile, taxi or bus to offsite activity locations.

Media Waiver

I am aware that the above-named camper may appear in a photograph, or video taken by camp staff or local media, and that photograph/video may appear in a variety of media sources, on behalf of Camp Pioneers.

Medical Waiver

I confirm that Camp Pioneers staff can take appropriate action on behalf of me and my child, in the event of medical emergencies, where I cannot be immediately contacted. (It is camp policy to notify parents/ guardians when a child is ill or needs medical attention. We require parents to collect sick children from camp **immediately**. In circumstances when parents cannot be reached for medical emergencies, 911 protocols will be followed, and children will be treated according to medical professionals).

In consideration of Camp Pioneers Summer Camp allowing the above-named camper to participate in its summer camp program, I agree to waive and release Camp Pioneers from all claims for damages that may arise, other than by negligence of Camp Pioneers, its employees and agents, as a result of his/her participation in the summer camp.

I acknowledge and confirm that I have read this entire document prior to agreeing to and signing below.

Parent/Guardian PRINT Name

Parent/Guardian Signature

Date (DD/MM/YYYY)

Witness Signature

PLEASE DO NOT WRITE IN THIS BOX: CAMP PIONEERS STAFF USAGE ONLY

Payment Received: Yes ☐ No ☐

Payment Form: Cash ☐ Cheque ☐

Amount: \$_____