



March Break Camp Registration Form

Completed form and full payment will reserve camp spot.

Child's Information:

Surname _____ First Name _____ Date _____

My child is presently registered with Firm Foundation and the information on file is up-to-date **YES**

(Indicate program required below, method of payment and sign the back)

Grade _____ Age _____ Date of Birth (Month/Day/Year) _____

Address _____ Town _____

Postal Code _____ Phone _____ Email _____

Name(s) and Age(s) of Siblings _____

Child lives with _____ Health Card Number _____

Program Requested (Please check appropriate box):

Camp (9AM to 4 PM) \$200

Camp with Extended Care (7:30 AM to 5:30 PM) \$245

Camp Select Days (9AM to 4PM) \$46/day x _____ #Days = _____

Camp Select Days w/ Extend. Care (7:30AM to 5:30PM) \$55/day x _____ #Days = _____

Please indicate part-time dates required: _____

Items needed for Camp:

- a) Lunch and Snacks
- b) Indoor Shoes
- c) Change of Clothes is always good idea!

Method of Payment:

- a) PAD \$ _____ Withdraw Date: _____
- b) Prepaid with Biweekly Fees _____

Emergency Information:

1. Parent/Guardian's Name _____ Cell Phone (____) _____

Work address _____ Work Phone (____) _____

2. Parent/Guardian's Name _____ Cell Phone (____) _____

Work address _____ Work Phone (____) _____

Please list two (2) people who are permitted to pick up your child and/or be contacted in the event of an emergency

1. Name _____ Relationship _____ Phone _____

2. Name _____ Relationship _____ Phone _____

What we need to know about your child:

1. Allergies: Yes / No

If yes, is an Epi-pen or Benadryl required in the event of an allergic reaction? _____

***Please request additional anaphylaxis & minor allergies forms.**

2. Special diet _____

3. Medical condition _____

4. Rest requirement _____

5. Exercise Restriction _____

6. Other _____

Parental Consent & Medical Release

I/we, _____ and _____,

the parent(s) or legal guardian(s) of _____, a minor, do hereby consent to the said minor participating in Firm Foundation's Camp(s) and any field trips.

I/we acknowledge that I/we are fully aware that participation & field trips involve potential risks. I/we voluntarily assume responsibility for any potential risks. I further acknowledge that there may be times when illness or accident may occur & may require immediate surgical or medical attention. I/we hereby give permission and consent to Firm Foundation & the person in charge of the program/excursion, or their designate, to make arrangements for qualified surgical or medical attention for my child/ward in the event of an emergency without necessity of my/our prior approval. I/we understand that I/we will be notified by the quickest means possible if this authority is exercised.

I/we, in consideration of the sum of \$ _____ now paid to Firm Foundation & for other good & valuable consideration, the receipt & sufficiency of which is hereby acknowledged by me/us, do hereby release and forever discharge Firm Foundation, their employees, agents, representatives, successors & assigns of & from any actions, causes of action, demands, claims &/or liabilities of whatever nature & kind which might arise from the participation of the said minor in the said program & excursions, including any actions, causes of action, demands, claims &/or liabilities for personal injury, illness, property damage, financial loss, or any loss or injury or damages of any kind whatsoever, foreseen or unforeseen, which might be sustained by the said minor or myself/ourselves, or any other family member or dependants, as a result of the participation of the said minor in the said program & excursions. It is my/our intention that this agreement is binding on me/us & on any and all executors, administrators, heirs and assigns of me/us & the said minor.

I also grant permission for my child to be photographed or video-taped for Firm Foundation promotions.

Dated at _____, this _____ day of _____, 2021.
(Town/City) (Day) (Month)

Parent/Guardian's Name _____ Please Print Signature _____

Parent/Guardian's Name _____ Please Print Signature _____

OFFICE USE ONLY:

Date Registered _____ Registration paid \$ _____ for _____ children in same family.

Pre-authorized Debit _____ / Prepaid with Reg fees _____ Payment Process Date: _____

Processed by: _____