



Summer Camp Registration Form

Child's Information:

Surname _____ First Name _____ Date _____

Grade _____ Age _____ School _____

Date of Birth (Month/Day/Year) _____ OHIP # _____

Address _____ Town _____

Postal Code _____ Phone _____ Email _____

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

Child lives with _____

Program Requested (Please check appropriate box): Camp w/Before Care w/Aftercare w/Both

A) July 4 to 8 Camp SHOCK \$250 \$270 \$280 \$300

B) July 11 to 15 Crafty Kids \$250 \$270 \$280 \$300

*****July 18 to 22 *****NO CAMP ***** FIRM SHUT-DOWN *****

C) July 25 to 29 Firm Summer Games \$250 \$270 \$280 \$300

or OH the Drama! \$250 \$270 \$280 \$300

D) Aug 2 to 5 Art Attack (4 Days) \$210 \$230 \$240 \$255

E) August 8 to 12 Scavenger Hunt Camp \$250 \$270 \$280 \$300

G) August 15 to 19 Space Camp \$250 \$270 \$280 \$300

H) August 22 to 26 Adventure Camp \$250 \$270 \$280 \$300

*****August 29 to September 2 *****NO CAMP ***** FIRM SHUT-DOWN *****

Pizza Lunch Option - Offered Fridays During all Camps:

Cheese _____ or Pepperoni _____ One Slice \$3.50 x _____ (# of weeks of camp) = _____

Juice Box _____ or Water _____ Two Slices \$5.00 x _____ (# of weeks of camp) = _____

Cookies Included Three Slices \$6.50 x _____ (#of weeks of camp) = _____

Camp Total: _____

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 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 Details: _____

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 / Exercise Restriction _____

5. 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 dependents, 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 _____ Signature _____
Please Print

Parent/Guardian's Name _____ Signature _____
Please Print

OFFICE USE ONLY:

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

Paid by: EMT _____ PAD _____ Deposit _____

Online # _____ Date _____