

# 2017 LBMCOG SUMMER PROGRAM REGISTRATION FORM



<b>Child's Name:</b>		<b>Age:</b>	<b>Gender:</b>	<b>School Grade completed in June:</b>	
<b>Mailing Address:</b>					
<b>Postal Code:</b>	<b>DOB (DD/MM/YY)</b>		<b>MCP:</b>		
<b>Parent E-Mail:</b>					
<b>Parents/Guardian's Name 1:</b>		<b>Day Time Phone:</b>			
		<b>Evening Phone:</b>			
		<b>Cell:</b>			
<b>Parents/Guardian's Name 2:</b>		<b>Day Time Phone:</b>			
		<b>Evening Phone:</b>			
		<b>Cell:</b>			
<b>Emergency Contact Name:</b>		<b>Day Time Phone:</b>			
		<b>Cell:</b>			
<b>Weeks of Camp:</b> Please select the camp of choice by checking the box under "select camp" column. If you would like to take advantage of our "early drop off" and/or "late pick up" services, please check off the appropriate boxes.					
Week	Date	Select Camp	Early Drop Off (8:00-8:30 am)	Late Pick Up (4:30-5:00 pm)	Please Note The Following Closures:
Week 1	July 4 – July 7				CLOSED ON JULY 3 FOR CANADA DAY HOLIDAY
Week 2	July 10 – July 14				
Week 3	July 17 – July 21				
Week 4	July 24 – July 28				
Week 5	July 31 – August 4 *				CLOSED ON WHICHEVER DAY THE REGATTA GOES AHEAD*
Week 6	August 7 – August 10				CLOSED ON AUGUST 11
Week 7	August 15 – August 18				CLOSED AUGUST 14
<b>Total Number of Camp Weeks Selected:</b>		<b>Comments:</b>			
<b>Office Use Only: TOTAL DUE: \$</b>					
<b>Please list below any person(s) NOT listed above that will be picking up your child.</b>					
<b>Name:</b>		<b>Relationship to child:</b>		<b>Phone:</b>	
<b>Name:</b>		<b>Relationship to child:</b>			
<b>Payment Method( X):</b> <input type="checkbox"/> Cash <input type="checkbox"/> Debit <input type="checkbox"/> Cheque <input type="checkbox"/> Post Dated Chq					
<b>***Please Note:</b> All payments must be received at the Town Hall by Tuesday June 20, 2017 at 4:00pm. Failure to provide payment will result in termination of registration for summer program. There will be no payments taken after this date. If using post-dated cheques, please post-date 1 week prior to the first day of camp selected.					



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**2017 Summer Day Camp Fees:**

**Cost:** \$97.00 per 5 day week – this pertains to Weeks 2, 3 and 4  
 \$78.00 per 4 day week – this pertains to Weeks 1, 5, 6 and 7

**Medical Information/Allergies/EpiPen/Special Needs:**

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**Additional Participant Information:**

I give my child permission to take part in all swimming and other field trips & outings	Yes	No
My child will require the use of a PFD which the parent will provide	Yes	No
My child has completed swimming lessons – <b>Please indicate level completed</b>	Yes – <b>Indicate Level Completed</b>	No
I give my consent for my child to walk, with program staff, around the neighborhood, playgrounds, trails and other outdoor activities	Yes	No

As the parent/guardian for the program participant indicated above, I acknowledge that all information provided above is accurate and correct to the best of my knowledge. **Additionally**, I consent to the following:

- I will release any photographs of my child that are taken by Town staff while they are participating in camp activities. The Town of Logy Bay – Middle Cove – Outer Cove may use these photographs for use in future promotional material (including social media) for its Summer Program. The Town of LBMCOG shall be released from any liabilities that may result from these photos. No compensation will be paid for use of this image.

<b>Signature:</b>	<b>Date:</b>
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### **Important Notice – MUST READ**

By signing below, I, \_\_\_\_\_ acknowledge and agree to be bound by the Waiver of Liability, Indemnity and Defence, Medical Authorization and Refund Policy. I agree that information provided as it relates to my family member is correct. I also agree to the terms of the Sign In/Out Policy and the Unacceptable Behaviour Policy.

### **WAIVER AND RELEASE OF LIABILITY**

I acknowledge that I have read this form carefully. I agree that by registering and participating or registering my child/ward for and allowing his/her participation in the program(s), that I am WAIVING and RELEASING all claims for myself and my minor child/ward arising out of such registration and participation. In consideration of the Town of Logy Bay – Middle Cove – Outer Cove accepting my child/ward as a participant in program, I hereby assume the risk of injury and/or loss. I have fully informed myself of all the details of the program and the risks inherent with that program. I believe and represent that I and/or my child/ward have the necessary abilities, skills, and knowledge to participate in the program. I recognize that the program involves injuries, including death, and property loss. I hereby agree to, and do assume the full risk of any injuries, including death, any property loss, and all expenses, costs and damages that my child/ward may sustain as result of participating in any and all activities connect with the program. I hereby agree to and do, WAIVE, RELEASE, and RELINQUISH all claims, demands, rights of actions, damages, liabilities and controversies of every kind, known and unknown, present and future, that I, or my child/ward may have against the Town and its employees, insurers, related or affiliated individuals or entities, successors and assigns arising out of, connected with or in any way related to my child/wards participation in the program.

### **INDEMNITY AND DEFENCE**

I \_\_\_\_\_ hereby agree to indemnify and hold harmless the Town of Logy Bay – Middle Cove – Outer Cove and its employees, insurers, related or affiliated individuals or entities, successors from any and all claims, lawsuits, demands, damages, liabilities, losses and expenses, including attorney's fees and administrative expenses of any kind, known and unknown, present and future, arising out of, connected with or in any way related to my child/wards participation in the program.

### **MEDICAL INFORMATION**

In the event of an emergency, I authorize and give permission to the Town of Logy Bay – Middle Cove – Outer Cove to have staff administer or arrange for emergency medical care including hospitalization and/or transportation if necessary for any medical treatment deemed reasonable and necessary in the circumstances for child/ward immediate care and I consent on behalf of myself and my child/ward to the administration of such medical treatment. I agree that I will be responsible for the cost and payment of any such treatment rendered.

FAMILY DOCTORS NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

### **REFUND POLICY**

Town will only provide a refund for day camp registration in instances where a participant must withdraw due for medical reasons. The parent or guardian must provide the town with written medical documentation and no refund request for this reason will be accepted after the original conclusion of the program in any given year. Refunds will not be issued for missed program days or personal holidays. If participants would like to drop out of one week of the program in exchange for another, such a request must be received fourteen days in advance and will only be accepted provided registration for that requested week has not reached capacity and that staffing obligations have been met

Internally. In addition, and at the discretion of the Town Manager, a refund may be granted due to extenuating circumstances.

**SIGN IN/OUT POLICY**

Children must be signed into and out of the program daily. If the child is not signed in by a parent or guardian between 8:00 am and 9:00 am, we will assume that the child will not be participating in the program on this day. Program activities start promptly at 9:00 am, and we often leave Kelly Park for field trips. Parents may not bring their child to camp after 9:00 am unless they have approval from the LBMCOG Summer Day Camp Coordinator. The Town of Logy Bay – Middle Cove – Outer Cove is not responsible for missed field trips/program days brought about by parents attempting to drop children off after 9:00 am without prior approval. All children must be signed out by a parent or guardian before they will be permitted to leave. Parents/guardians must present a government issued identification card in order to sign out their child. All children must be picked up no later than 5:00 pm. There will be no supervision at Kelly Park before 8:00 am or after 5:00 pm, sharp.

**UNACCEPTABLE BEHAVIOUR POLICY**

The Town of Logy Bay – Middle Cove – Outer Cove reserves the right to remove a child from the program and discontinue future participation based on unacceptable behavior at the discretion of the Town.

<b>Parent/Guardian Name:</b>	
<b>Signature:</b>	<b>Date:</b>