



*The Confluence Heritage Society Summer Day Camp  
2018-Bilingual Camp Ages 7-11*

*Rocky Mountain House National Historic Site*

403-845-6680

E mail: [summercamp.chs@gmail.com](mailto:summercamp.chs@gmail.com)

Participants Name: \_\_\_\_\_

Parent(s)/ Legal Guardian Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Phone Numbers:

\_\_\_\_\_

Home: \_\_\_\_\_

\_\_\_\_\_

Work: \_\_\_\_\_

Date of Birth \_\_\_\_\_

Cell: \_\_\_\_\_

**\*\*\*Dates to Participate\*\*\***

English:

or

French:

July 3-6 \_\_\_\_\_

July 10-13 \_\_\_\_\_

July 24-27 \_\_\_\_\_

August 14-17 \_\_\_\_\_

July 31-Aug 3 \_\_\_\_\_

\*Your child does not have to come to a complete week of camp, you may sign up for days only\*

The cost of camp is 30\$ a day or four days for 100\$. Please pay prior to your first day of camp.

Payment secures your child's place. Space is limited.

Total due: \_\_\_\_\_ Payment method: \_\_\_\_\_

**Emergency Contact**

**NOT A PARENT- PLEASE PROVIDE SOMEONE WHO IS NOT ON THE FIRST PAGE.**

Name: \_\_\_\_\_

Relation: \_\_\_\_\_

Phone Numbers. Home/Work/Cell: \_\_\_\_\_

**Health Information:**

Does your child have any allergies, life threatening or non? Please list them here, the reaction and medical actions required. \_\_\_\_\_

Does your child require corrective lenses? \_\_\_\_\_

Does your child have any health issues that staff should be aware of? (Diabetes, Epilepsy, Asthama, Cerebral Palsy, ect) \_\_\_\_\_

Medications: Any medication (over-the-counter and/or prescribed) required by a participant must be brought with them in original packaging with dosage instructions and clearly labeled with their name. Medications are given to the camp leader or first aid provider upon arrival at the activity/event/camp for storage. The camp leader or first aid provider will supervise the taking of medication by children according to instructions provided. Participants must be willing to take their medication; they have the right to refuse. They will not be given any medication that is not provided by parents/guardians.

Comments: \_\_\_\_\_

Please list the people who **DO NOT** have your permission to pick up your child from The Confluence Heritage Society Summer Day Camp.

- Please attach a current photo of your child.
- All of the above information will be kept confidential and used only in the event of an emergency.
- *I give my permission for my child named above to attend the Confluence Heritage Society summer day camp, on the dates above.*

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

### Image Release Form

In the course of activities, staff from Parks Canada, The Confluence Heritage Society and the Métis Local 845 as well as staff from The Mountaineer and The Western Star and other media may take photographs or otherwise record events (film, sketches, ect). These photographs, ect. are sometimes used to promote the summer camp, the park or other events. Promotions are done by way of, but not limited to: posters, videos, photographs, multi-media products.



I, \_\_\_\_\_, give permission to The Confluence Heritage society and its partners, to photograph and record me and/or my child/ward's image and voice on still photographs, motion picture film, audio tape, video tape or digital media and to use this material, and/or similar material provided to The Confluence Heritage Society by me or third parties involved in the events, in whole or in part, now and in the future, through the media of television, film, Internet, multi-media presentation, radio, audiotape, videotape, in printed form and display form for the promotion of The Confluence Heritage Society. I, on my own behalf and/or on behalf of my child/ward assign and transfer to The Confluence Heritage Society any and all proprietary rights, including copyright, and waive all personality rights, which I may have or my child/ward may have in this material. I release The Confluence Heritage Society and their licensees from all liability for any claim of infringement of publicity or privacy rights that I might otherwise have had in connection with the use of my likeness, or a representation of my likeness.

Printed Name of model: \_\_\_\_\_

Signature of the model: \_\_\_\_\_

Printed Name of Parent/Guardian if model is under 18:

\_\_\_\_\_

Parent/Guardian Signature if model is under 18:

\_\_\_\_\_

Date: \_\_\_\_\_

